EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION AMONG ADOLESCENT BOYS IN A SELECTED COLLEGEAT MADURAI

REG : NO:301331552

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

OCTOBER 2015

CERTIFICATE

This is to certified that the dissertation entitled "**EFFECTIVENESS OF STRUCTURED TEACHING PROGRMME ON KNOWLEDGE REGARDING ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION AMONG ADOLESCENT BOYS AT MADURAI"** is submitted to the faculty of Nursing, **The Tamilnadu Dr. M.G.R Medical University,** Chennai by **Mrs. Rosamma Thomas** in partial fulfillment of the requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or any title.

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ABSTRACT

The study on **"EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION AMONG ADOLESCENT BOYS IN A SELECTED COLLEGE AT MADURAI"** was undertaken by Reg.No:301331552 during the year2014-2015 in partial fulfillment of the requirement for the degree of Master of Science in Nursing at RASS Academy College of Nursing, Poovanthi which is affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

Objectives: Assess the pre test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. To find out the association between pre-test knowledge score with their selected demographic variables. **Conceptual frame work**: The study was based on General System model of Von Bertalanffy. **Approach:** Evaluatory approach was adopted for this study**. Design:** Pre-experimental one group pre-test post-test design was taken for this study. **Setting**:The study was conducted at St.Fatima Michel College of Engineering and Technology at Madurai. **Sample size:** The sample size was 100 adolescent boys**. Sampling Technique:** The non probability purposive sampling technique was used. **Methods of data collection procedure:** Data were collected from the adolescent boys to assess the level of knowledge by using structured knowledge questionnaire before and after the implementation of structured teaching programme. The collected data were tabulated and analyzed by descriptive and inferential statistics. **Results:** The result shows, there was a significant difference between pre test and post test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. The obtained t- value (58.86) was greater than the table value at 0.05 level of significance. **Conclusion:** The Structured Teaching Programme was effective ($p<0.05$) to improve the level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys.

CHAPTER I

INTRODUCTION

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INTRODUCTION

"Cigarette is classy way to commit suicide"

-kurl vonnegut

Tobacco is an agricultural product derived from the leaves of several species of Nicotina Plants. When combined with nicotina tartrate, tobacco becomes one of the most commonly abused recreational drugs. Nicotine, a naturally occurring stimulant in tobacco, can be poisonous if taken in sufficiently high doses, which is not the amount of nicotine absorbed by tobacco use. Nicotine is an addictive substance that makes the use feel alert at first, then relaxed with continued use. (Gately, Lain 2004, 2003)

Tobacco uses among adolescents

Tobacco is a serious threat to health and a proven killer and ranks second as a cause of death in the world taking its toll by killing some 5 million people globally. Cigarette smoking among adolescents remains a major public health concern given the frequent persistence of this behaviour in to adulthood.(Colditz &Hunter2000.)

An estimated 150 million adolescents worldwide use tobacco. Approximately half of the young smokers will die of tobacco related diseases in later life. WHO estimates that unless current smoking pattern is reversed, tobacco will be responsible for 10 million deaths per year, by the decade 2020- 2030, with 70% of them occurring in developing countries.(WHO 2007,2.)

5.6 million of today's American Younger than 18years of age are projected to die prematurely from a smoking related illness. They represent as above one in every 13 Americans aged 17years or Younger alive today. In India tobacco kills 8- 10 lakhs people each year and many of these deaths will occur in people who are very young. In an observational study, it was found that, many of the adolescents are spending their, leisure time in smoking. From the estimated survey, it was found that in rural areas

Tamilnadu 30% of males and in Urban 25% of males are consuming tobacco. It was also found that the attitude of adolescent boys towards tobacco consumption is positive.

At college level, gathering of in-depth knowledge and witness of burden of tobacco-related diseases and exposure to more stringent anti-tobacco environment may induce, over the course of time. Some form of behavioural change in respect of tobacco use among adolescents.

Epidemiological research has been focused primarily on cigarette/ tobacco, smoking, which has been studied more extensively than any other form of consumption. In 2012,6.7% of middle –school and 23.3% of high school students currently used tobacco products , including cigarette. Every day almost 3,900 children under 18 years of age try their first cigarette, and more than 950 of them will become new, regular daily smokers. In 2007,20% of high school students reported smoking is the last 30days, down 45% from 36.4% in 1997 where rates peaked after increasing through out the first half of the 1990's.

Adolescence is a stage when young people undergo significant changes of the body, mind and personal responsibilities. Adolescence is considered as a transitional period because during this stage a child is becoming, but not yet an adult (American Bar Association 2004, 1, For boys Physical development)

A lot of advanced thinking capabilities develop during the adolescent period. During adolescent young people gain the ability to plan ahead, anticipate the response of others, and become debaters and arguers. The increased cognitive ability to think about possibilities may also lead to becoming lost in thoughts and worries. Although there are individual differences in cognitive development among adolescents, these new capabilities enable them to make mature decision that was previously beyond their cognitive capacity.

Self esteem has a strong influence on adjustments across a many aspects of the adolescent's life. Self esteem is known to affect educational achievements, social

relation-ships, mental health and ability to deal with stress .Adolescents with low self-esteem are considered to be less equipped to refuse invitation to use substances or drugs. Risk taking behaviours are behaviours in which the results are unknown and from which there is a possibility of identifiable and possibly fatal injury.

Smoking harms nearly every organs of the body and diminishes a person's overall health. Millions of Americans have health problems caused by smoking. Smoking is a leading cause of cancer and death from cancer. It causes cancers of the lung, oesophagus, larynx, mouth, throat, kidney bladder, pancreas stomach, and cervix as well as acute myeloid leukaemia.

Smoking also causes heart disease, stroke, aortic aneurysm (a balloon – like bulge in an artery in the chest), chronic Obstructive pulmonary disease(COPD), asthma, hip fractures and cataracts. Smokers are at high risk of developing pneumonia and other airway infections.

A pregnant smoker is at higher risk of having her baby born too early and with an abnormally low birth weight. A woman who smokes during or after pregnancy increases her infant's risk of death from Sudden Infant Death Syndrome(SIDS). Men who smoke are at greater risk of erectile dysfunction.

According to Wang et.al,(2010), although adolescents may pressured into identifying with peer's risk behaviours, adolescents who have good emotional regulation may deal with stress better and be less affected by peer's risk behaviours.

Tobacco and its health effects

According to the National Cancer Institute, Cigarette has a higher level of carcinogens, toxins and tar than any other substance. Our body has a stress hormone called corticosterone which lowers effect of nicotine. If you are under lot of stress you need more nicotine to get the same effect. It also cause headache and sleep problems. During smoking, nicotine enters the lungs and is absorbed quickly into the blood stream and travels to the brain in a matter of seconds. Nicotine causes addiction to cigarette.

Cigarette, Cigars, and other tobacco products vary widely in their content of nicotine, cancer-causing substances, and other toxicants. In a cigarette (which contains less than 1gm of tobacco), the nicotine content can vary between 13.7 and 23.2mg /gm of dry tobacco.

In a four country study including Canada, USA, UK and Australia, a majority of respondents reported noticing information about the dangers of smoking often" or "very often" in the last six months with Canada 59.4%, USA 60.4%, UK 55.6% and Australia 61.0%. It was found that Canadians smokers after the introduction of pack warnings were more likely to report that they had noticed cessation information on packs(84.6%), stopped from smoking a cigarette as a result of the warnings (14.7%) and that pack warnings had led them to think about quitting(45.1%).

In a recent survey in Mumbai, 90% of the participants knew about the benefits of health warnings and about 97% favoured pictorial warnings on all tobacco products. Moreover, in a multilingual country where over 40% of its people (42.3million) travel inter-state annually , uniform pictorial warnings would bridge the language barrier which the current text warnings fail to do. Besides, as the tobacco industry reckons, tobacco packages are an important medium for communicating with its uses.

Second hand smoke (also called environmental tobacco smoke, involuntary smoking, and passive smoking) is the combination of "side stream" smoke (the smoke given off by a burning tobacco product) and "main stream" smoke (the smoke exhaled by a smoker).

In the United States, exposure to second smoke is thought to cause about 46,000 deaths from heart disease each year. Being exposed to second hand smoke slows the children lungs and causes them to cough and wheeze, and feel breathless.

Tobacco prevention:-

Today, tobacco control in India is experiencing national and international interventions. Current efforts on tobacco control focus mostly on legislative

implementation and advocacy at the policy level. Under the cigarette and other tobacco products Act, 2003(COTPA), pictorial health warnings on all tobacco products were made mandatory.

A picture speaks a thousand words! The only plausible and effective way to reach those less literate or illiterate and most vulnerable to tobacco addition is through pictorial health warnings. (This space, which comes at no cost to the Government, therefore needs to be utilized as a cost effective mass education –cum- public health strategy).

Even in economically challenging times, states can make a significant difference in public health by employing high impact, cost –effective tobacco control and prevention strategies to

- Monitor tobacco use and prevention policies.
- Protect people from tobacco smoke.
- Offer help to quit tobacco use
- Warm people about the dangers of tobacco
- Enforce ban on tobacco advertising, promotion and sponsorship.
- Raise state cigarette taxes on tobacco.

Reducing Youth Tobacco Use:-

Counter advertising man-media campaign, Television and Radio, commercials, posters and other media messages targeted toward youth to counter protocol marketing.

Community program and school and college policies and intervention co ordinate and implemented in conjunction to create tobacco-free social norm. Community intervention that reduce advertising ; promotion and commercial availability of tobacco products .

- Higher costs for tobacco products through increased excise taxes.
- Prohibiting smoking in worksites and public places.

Very recently, WHO as argued countries to adopt stringent measures including a ban of public smoking, to stop potentially dramatic rise in tobacco related deaths, among young ones, every year since 1989,31 May, is observed as "WORLD NO TOBACCO DAY", sensitize. The Government community groups and individuals become aware of the problem and take appropriate action.

NEED FOR THE STUDY

If we lose the battle against tobacco, we will lose the war against cancer

- John Arradondo

Adolescence is a vulnerable period which is associated with a heightened risk for the development of depressive disorders. Risk- behaviours like alcohol or illicit drug abuse, excessive use of media, school absenteeism and lack of sleep are also frequently occurring during this period; it is often suggested that such behaviours may be associated with mental health problems.

Approximately 90% of the people who smoke for the first time are adolescents younger than 18, and the rate of smoking in adolescents is rising steadily. In general adolescents start smoking out of curiosity, and many become habitual smokers during this period. Cigarette smoking contributes to premature deaths of an estimated 4,43,000 Americans annually, resulting in $ 193 billion in direct health care expenditures and productivity losses every year.

Globally, nearly 50,000,00,0 persons die annually from tobacco-related illnesses, and many more suffer from smoking-related morbidity. There is therefore, need to identify relevant factors associated with smoking among adolescents in order to better tailor public health interventions aimed at preventing smoking .The WHO, provide certain estimates that India will have the fastest rate of rise in death attributable tobacco in the first two decades of twenty first century

Harmful health effects of smoking cigarettes are numerous. Dangers of smoking are well-known and can have serious detrimental effect on the quality of your life besides

diseases. Teenagers are attracted by the smoke and the smoking style, which tempts them to smoke. Friends and colleagues also encourage non-smokers, to smoke just once. They are also told that there are no harmful second-hand smoke effects. Smoking in movies is the main reason for adolescents acquiring this habit concerned about the health.

Adolescent smoking causes dysfunction of the peripheral airway. One study found that the forced expiratory volume in a second(FEV1) of smoking adolescents decreased significantly; specifically, their forced vital capacity (FVC) was approximately only a half that of non- smoking adolescents. The experience of Nicotine dependence and the low levels of intake it requires both contribute to the significant number of young smokers who report withdrawal symptom similar to those experienced by adults, after a period of abstinence.

A Victorian study found that, although significantly more metropolitan than rural adolescents aged 12-13years smoke, this evens out at later ages.(White & Szabo,2004).While a Western Australian study found more positive attitudes toward smoking rural school students, there were no differences in smoking prevalence between Metropolitan and Rural School students, although Urban females were more likely to smoke at least three times a week.(Fairthome, Hayman and White,2003).

Dr.Sarah Hill, et.al (Sept2013) a study examined the evidence that increases in tobacco price have a pro-equity effect on Socio- economic disparities in smoking. Evidence on the equity impact of other intervention is inconclusive, with the exception of non-targeted smokers. Smoking cessation program which have a negative equity impact due to higher quit rates among more effective approaches for reducing tobacco use in disadvantaged groups and Communities.

Dr. Robert N. Proctor et. al,(2011).The cigarette is the dead last artefact in the history of human Civilization. Cigarette cause about lung cancer death per 3 or 4 millions smoked, which explain why the scale of the epidemic is so large today. Cigarette cause about 1.5 million death from lung cancer per year, a number that rise to nearby 2 million

per year by the 2020s or 2030s, even if consumption rates decline in the interior. Part of the ease of cigarette manufacturing stems from the ubiquity of high speed cigarette making machines, which crank out 20,000 cigarettes per minutes. Cigarette maker make about a penny every cigarette sold, which means that the value of a life to a cigarette maker is about US $ 10,000.

Linpl et. al(2008) study examines the identifying the factors related to the initiation and continuance of smoking among youth has been regarded as a crucial step for school nurses and public health nurses to develop effective smoking prevention and cessation program in school and communities. The purpose of the study was to investigate the factors related to adolescent tobacco use in Taiwan. This study found that having friends who offered cigarettes, academic achievements, father's educational level, perceived peer smoking behaviour to be primary influences on smoking attitude and self efficacy and significant predicators of adolescents current smoking behaviours. Parents marital status and classmates who offered cigarettes were significant predictors of adolescents smoking behaviour. Study finding scan provide a basis for school and public health nurses to design effective smoking prevention and cessation program in schools and community settings

Sargent JD et. al (2005), a study found that team exposed to the greatest amount of smoking in movies were 2.6 times more likely to start smoking themselves compared with teens who watched least amount of smoking in movies. Lung cancer has become a formidable disease killing about 1.5 million people per year. Lung cancer today is primarily caused by the inhalation of smoke from cigarette, which is also why the disease was quite prior to the 20th century. Because of this reasons the study was taken by the researcher as part of requirement.

From the above studies and the outcomes of survey conducted by the researcher, it was felt that there is a need to conduct a study which could increase the knowledge of young adults regarding ill effects of cigarette smoking and its prevention.

Statement of the problem

A study to assess the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai.

Objectives:

- To assess the pre-test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys
- To evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys
- To find out the association between pre-test knowledge score with their selected demographic variables

Operational definitions:

- **Effectiveness:** In this study**,** it refers to the extent in which the structure teaching programme will achieve the desired effect on imparting knowledge regarding ill effects of cigarette smoking and its prevention among adolescents in terms of difference between pre- test and post-test knowledge score assessed structures by questionnaire.

- **Structured teaching programme:** Refers to systematically developed programme with teaching aids designed to impart knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected institution.

- **Knowledge:** Refers to the fact of knowing about cigarette smoking which is acquired through experience or education by structured questionnaire.

- **Ill effects:** Refers to the abnormal, harmful or undesirable effect on an organism that causes anatomical or functional damage, irreversible physical changes, or increases the susceptibility to other biological, chemical or environmental stress.

- **Cigarette smoking:** Refers to active smoking behaviour, the intentional inhalation of cigarette smoke by a smoker by using of any tobacco product including manufactured and hand rolled cigarette.

- **Prevention:** Refers to avoid the cigarette smoking and its ill effects among adolescents

- **Adolescents:** Refers to boys those who are studying college between 17-19years.

Hypotheses:

H_1 : There is a significant difference between the pre- test and post-test level of knowledge scores among adolescents regarding ill effects of cigarette smoking and its prevention.

H_2 : There is a significant association between pre-test level of knowledge scores of adolescents with their selected demographic variables.

Assumptions:

The study assumes that

- Adolescents may have some knowledge regarding ill effects of cigarette smoking and its prevention
- Education regarding ill effects of smoking and its prevention will help them to gain knowledge.
- Knowledge regarding ill effects of smoking and its prevention will help them to be away from the life threatening illness

Limitations:

- The study was limited to adolescent boys age between 17-19yrs in a selected college.
- Adolescent boys who are willing to participate in this study
- The study is limited to adolescent boys who are available on the day of data collection.

Projected Outcome:

The study will reveal the importance of structured teaching programme in improving the knowledge regarding ill effects of cigarette smoking and its prevention.

CONCEPTUAL FRAMEWORK

Conceptual framework is a theoretical approach to the study of the problem that is scientifically based and emphasizes the selection, arrangement and classification of its concept. The conceptual framework states functional relationships between events and is not limited to statistical relationships.

The study is intended the effectiveness of structured teaching programme in terms of increasing knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a college at Madurai. The present study is based on general system theory which was introduced by Ludwig Von Bertalanffy (1968) with input, throughput, output and feedback.

According to system's theory, a system is a group of elements that interact with one another in order to achieve the goal. An individual is system because he/she receives input from the environment. This input when processed provides an output. This system is cyclical in nature and continues to be so, as long as the input, throughput, output and feedback keep interacting. If there are changes in any of the parts, there will be changes in all parts. Feedback from within the systems or from the environment provides information, which helps the system to determine whether it meets its goal.

In the present study these concepts can be explained as follows:

Input

The input consists of information material or energy that enters the system. Adolescent boys studying in the selected engineering college is a system and has inputs within the systems itself and acquired from the environment. These input's include learner's background like age, area of residence, family income, educational status of the

parents, occupational status of parents, and source of information, influence the knowledge of adolescent boys.

Throughput

It refers to the action needed to accomplish the derived task to achieve the desired output, i.e effectiveness of structured teaching programme regarding ill effects of cigarette smoking and its prevention.

1. Assessment of knowledge of adolescent boys regarding cigarette smoking
2. Administration of structured teaching programme.
3. Assessment of knowledge using same questionnaire

Output

Output is the improved responses of the adolescent boys followed by the implementation of the structure teaching programme. In the present study output is the gain knowledge score. This system achieved through a comparison between mean pre-test and post-test knowledge scores of the samples.

Feedback

It is a process by which information is received at each stage of the system output and its redirection to input. Accordingly the higher knowledge score obtained by adolescent boys indicate that the structured teaching programme was effective in increasing the knowledge regarding cigarette smoking and its prevention.

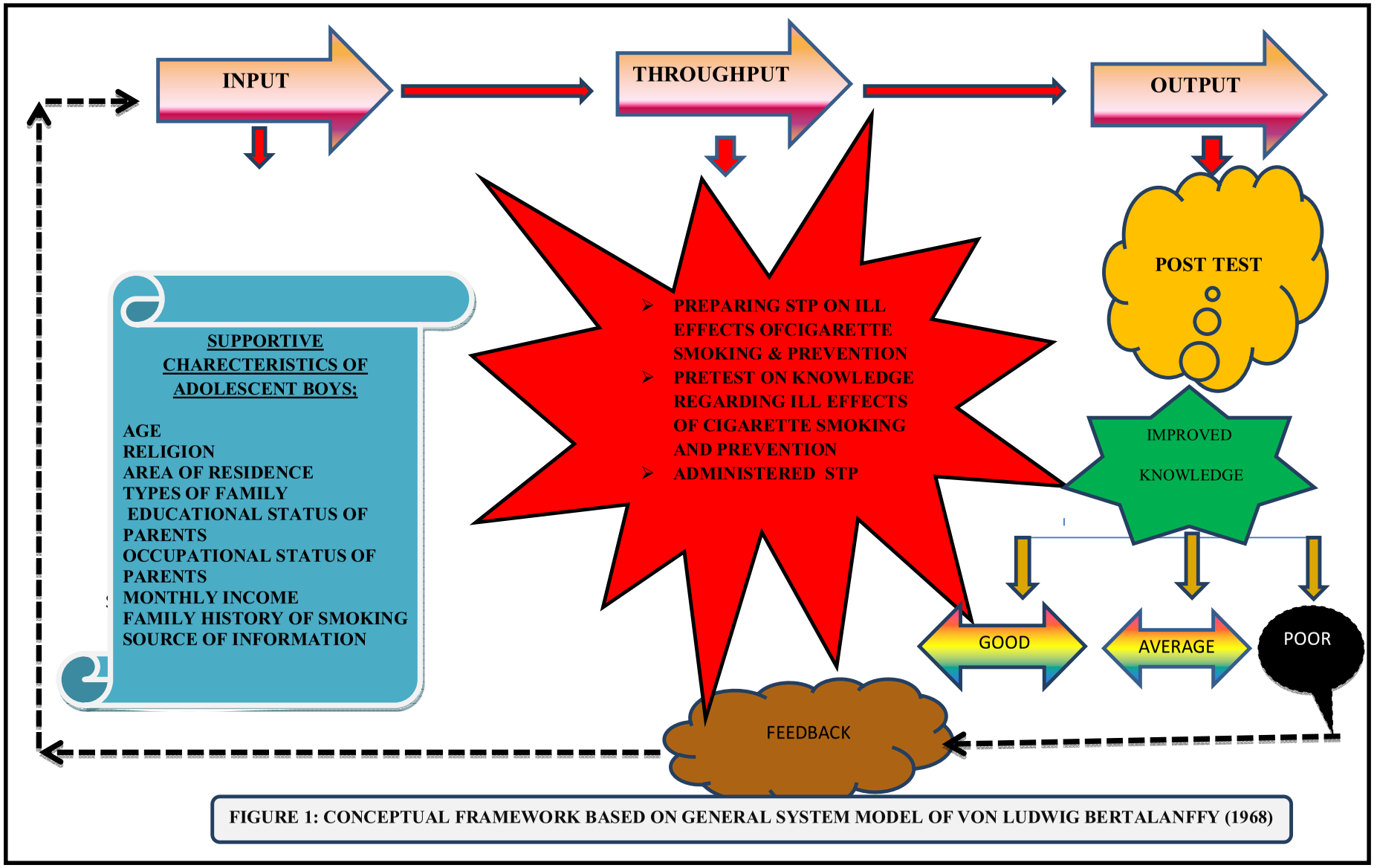
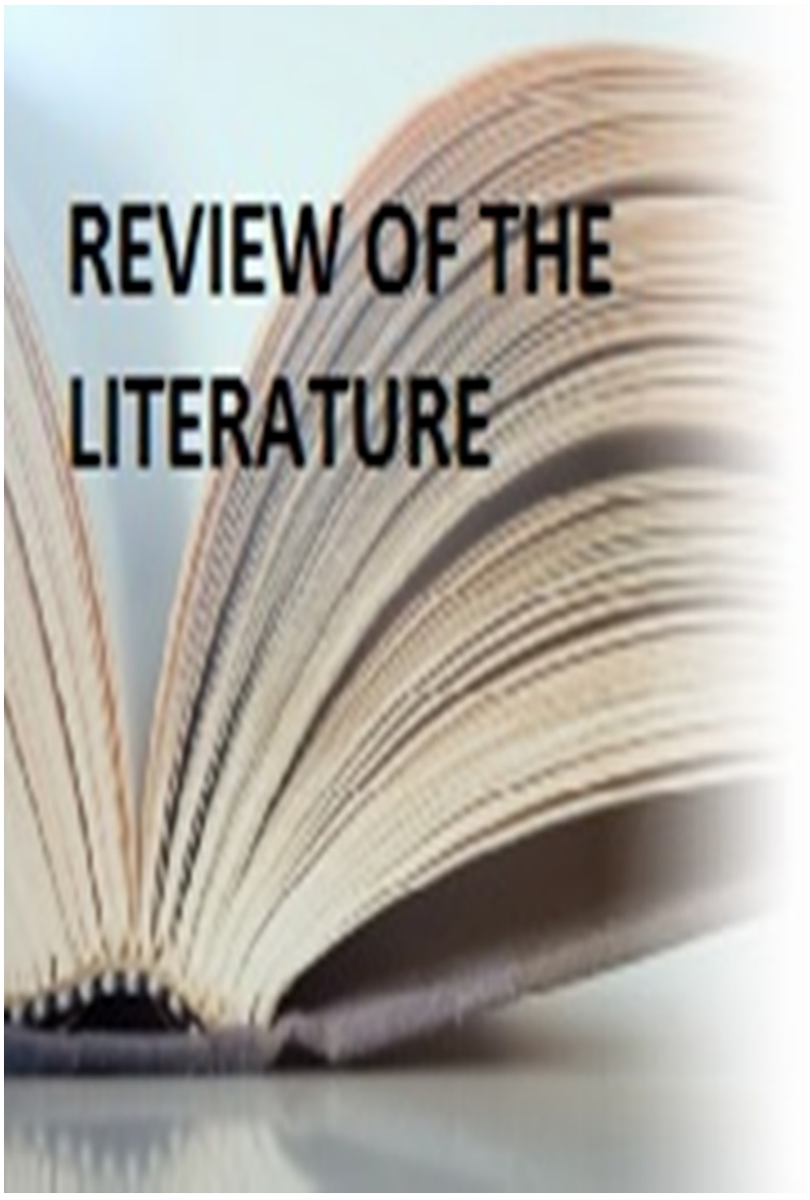


FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM MODEL OF VON LUDWIG BERTALANFFY (1968)

CHAPTER II



CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. It involves the systematic identification, location scrutiny and summary of written materials that contain information on research problems. It enhances the depth of knowledge and inspires a clear insight into the crux of the problems. Literature review throws light on the studies and their findings reported about the problem under study.

The available literature and studies are organized under the following headings.

- **Literature related to tobacco use**
- **Literature related to tobacco abuse among adolescents**
- **Literature related to relationship between smoking behaviours and adolescents**
- **Literature related to any structure teaching programme on smoking and adolescents**

Literature related to tobacco use

Wul, et al., (2015) conducted an observational study among the smokers to evaluate the impact of intervention on tobacco related knowledge, attitude and practices. The intervention group included 414 smokers and the control group included 213 smokers. First face to face counsel and mental intervention for more than 30minutes was given to smoker then for intervention through telephone calls for 15- 20mts for each time were conducted 1 week later, 1 month later, 3 month later and 6 months later respectively. After 1 year the smoking cessation rate was 27.3% in intervention group and 4.7% in control group. Systemic smoking cessation intervention can improve smokers tobacco related knowledge and attitudes and increases smoking cessation rate.

Beaver KM, et al., (2015)conducted a study of self control theory were able to account for pattern of usage sample size 500 youth residing in Jeddah, Saudi Arabia,

were used. Analysis of the data revealed that 12.7% of youth had smoked cigarettes at least 1 time, 2.6%had consumed alcohol at least once, and 3.0% had used illegal drugs. Moreover, the results shows the measures of delinquent peers was the strongest and most consistent predictor of substance use , while a measure of low self- control was unrelated to the measures of substances use.

Waters EA, et al.,(2015) conducted a study to investigated the interrelationships among young adult smokers' beliefs about the nature of nicotine addiction and smoking-related affect and cognitions (i.e., feelings of risk, worry about experiencing the harms of smoking, self-efficacy of quitting, and intentions to quit). Smokers (n□=□333) were recruited from two large universities. Results showed that quit intentions were associated with feelings of risk, but not with worry or self-efficacy. Furthermore, higher feelings of risk were associated with lower beliefs that addiction is an inevitable consequence of smoking and with lower beliefs that the harms of smoking are delayed. This suggests that it is important for health messages to counter the possible negative effects of messages that strongly emphasize the addictiveness of nicotine, possibly by emphasizing the importance of quitting earlier rather than later. The findings also add to the evidence base that feelings of risk are powerful predictors of behavioral intentions. Furthermore, our results suggest that in some circumstances, feelings of risk predict quit intentions beyond that predicted by worry and self-efficacy. Gaining additional understanding of the tobacco-related beliefs that can increase feelings of risk and incorporating those beliefs into educational campaigns may improve the quality of such campaigns and reduce tobacco use.

Gomesh R, et al., (2014) conducted a case control study with pairing by sex, age and body mass index. Smokers who presented to the first appointment of smoking cessation at the hospital. Sousa Martins (HSM) without respiratory symptom and with normal chest radiography. Approximately 31.2%of the smokers showed extra pulmonary disease related to tobacco and 9.38% of the smokers exhibited subclinical chronic obstructive pulmonary disease. Smokers with tobacco –related diseases presented a mean age and RV/TLL ratio superior to smokers without pathology.

XuXH,et al.,(2012)conducted a study to investigate tobacco related knowledge, attitudes and analyses related factors among Chi square test was used to analyse the difference about knowledge of harm of tobacco the college students by stratified cluster random sampling .Investigation content includes social demographic information, smoking behaviours, tobacco related knowledge and attitudes. and awareness of tobacco control related legislation as well as tobacco related attitudes between smokers and non smokers. Current smoking rate among undergraduates was 6.1%. 11.5% for males and 1.4% for females. The awareness about Frame work convention Tobacco Control was 25.7% and the rate was lower in non-smokers than that in smokers.

Reda, et al.,(2012) conducted a cross sectional study in Harar town, eastern Ethiopia. Among 1721 school adolescents using structured self-administered questionnaire , univariate and multivariate logistic regression analyses were performed to examine association. The analysis revealed that prevalence of ever cigarette smoking was 12.2%. the study concluded that high proportion of school adolescent in Harare town smoked cigarettes. Sex, age and peer influence were identified as an important determinants of smoking.

Jung JW, et al(2012) conducted a cross sectional follow-up study about association between parental smoking behaviour and children's respiratory morbidity; 5 year study in an urban city of South Korea. The sample size were 31,584 children aged 6-11.).Results revealed that the children with Non-S patients were 40.9%, THS group 40.6%, and SHS group 18.5%.THS group showed lower Ors for most respiratory symptoms when compared with those of SHS group, however, THS group revealed increased Ors compared with Non-S in cough –related symptoms according to the degree of exposure to cigarette smoke(0.05).The study concluded that the prevalence of respiratory symptoms increased in children to parental smoking including SHS and THS. To avoid the risk of respiratory and allergic disease by environmental tobacco smoke, absolute smoking cessation by parents is strongly recommended.

Literature related to tobacco abuse among adolescents

Wang X, et al (2015) conducted a study with the role of cigarette smoking and alcohol consumption in the differentiation of oral squalors cell carcinoma for a male. Review case of male patients who suffered from OSCC tylectomy and were pathologically confirmed the diagnosis of OSCC. It results cigarette smoking and alcohol consumption were strongly associated with differentiation of oral cancer (P=0.013and 0.005 respectively).The adjusted odds ratios (ORS) for smoker were 1.45(95%) confidence interval (CI)=0.145-4.19).The risk of the two habits in the development of oral cancer appeared to be significant increase

Saba M, et al., (2014) conducted a qualitative study, with semi-structured, in depth telephone interviews with adult smokers who have concurrent asthma were conducted. Obtained data were content –analysed for emergent themes using the 'frame work appoach'. Twenty- four semi structured interviews were conducted. Most patients being motivated to quit smoking.

Smith PH, et al., (2014) conducted a study changes in nicotine dependence severity from 2002to 2012.Using data from the National Survey on Drug Use and Health. Used generalized non-linear factor analysis to examine whether individual Nicotine dependence syndrome Scale (NDSS) items functional differently over time, and whether average NDSS scores changed in a sample of 130,637 current smokers. Consumption levels and dependence severity both declined over the study period. Decline for tolerance were greatest among those without serious psychological distress and among middle-aged smokers.

Dunn Ms,et al.,(2014) examined the relationship between physical activity, physical education class and sports participation on the substance use practices of adolescents. Data was derived from the 2009 youth Risk Behaviours. The results of this study indicated that recreational physical activity, attending PE class, and participatory in sports were independent protective factors for many cigarette use behaviors but not for smokeless tobacco use.

Heger JP, et al., (2014) conducted a study on depression and risk behaviours in adolescence. This study includes a selective overview of literature to investigate the relation between depression and risk-behaviour in adolescence; these results are compared with the results from a representative sample of German pupils who were examined in the context of the European school study SEYLE. Data from a school-based sample of 1,434 pupils with a mean age of 14.7 years (SD = 0.8) was used. Most risk-behaviors tend to be associated with increased likelihood for the development of depression and are correlated with the severity of depressive symptomatology. In this sample, alcohol abuse, smoking, media use, lack of physical activity, risky sexual behavior, school absenteeism, and sleeping problems showed an impact on the level of depression which was consistent with previous research. Illicit drug abuse showed no significant impact on depressive symptoms of young people. Further longitudinal studies are necessary to elucidate the directional relationship between depression and risk behavior in adolescence.

Kristjanson AL, et al.,(2013) conducted a study in multilevel analysis of cross-sectional population data. The study is based on adolescent substance use and peer use. The method were used to analyzed population-based data from the 2009 Youth in Iceland school survey, with 7,084 participants (response rate of 83.5%) nested within 140 schools across Iceland. Multilevel logistic regression models were used to analyze the data. The results revealed that, School-level peer smoking and drunkenness were positively related to adolescent daily smoking and lifetime drunkenness after taking account of individual level peer smoking and drunkenness. These relationships held true for all respondents, irrespective of socio-economic status and other background variables, time spent with parents, academic performance, self-assessed peer respect for smoking and alcohol use, or if they have substance-using friends or not. Study concluded the school-level findings in this study represent context effects that are over and above individual-level associations.

Kushwaha KP, et al., (2012) conducted the study has been carried out in the prevalence and abuse of psychoactive substances in children and adolescents. The study

carried out in the slum areas of Gorakpur city, covering a population of 10,187 in the four colleges. Five hundred and eighty children and adolescents in urban slums, and 750 college students between 10-18years were studied by means of a questionnaire for detection of prevalence rate and others for relates of abuse of psychoactive substances. Overall, prevalence of abuse of psychoactive substances was 25% in slum areas, and 18% in college students. Abuse of tobacco was most frequent (50.3% & 72.5%) followed by that of alcohol (11.7% & 16.2%) in both the groups respectively. More abusers were from Hindu families with low educational status and low family income.

Mehrdad Askrian, et al., (2011) conducted a cross sectional study to comparing Tobacco use knowledge, attitudes, and practices between engineering students at Public and Islamic Azad University in Shiraz. Selected 150 students from the PBU and 450 students from the IAU using simple random sampling. A 57 item survey instrument was utilizes for the study. From participants, 46.8% were females, 10%of 327 students reported being daily smokers , of there, 84% were from the IAU. Totally among the 107 smokers, 61(57% and (27.1%) were water pipe and cigarette smokers, respectively. The mean of the knowledge items between the students of IAU was lower than PBU students.

Salim Surani, et al., (2010) conducted a study on ill effect of smoking and knowledge among school children and Implementation of the “Anti- Tobacco” Project. Children in grade 1-3 were administered a 10-item questionnaire to ascertain their baseline knowledge about the ill effects of smoking, shown an educational cartoon video depicting the ill effects of tobacco, and given a story book based on the video. At the end of the video, children were administered a questionnaire to determine short term recall of the anti- tobacco educational objectives of the program.82% of the children answered the outcome question correctly immediately following the video. The anti tobacco education program used in the study effectively conveyed most of the educational objectives.

Mesic S, et al, (2013) conducted a study in survey method is the frequency of substance abuse among adolescents. The study was conducted on randomized sample of 502 students in two primary and three secondary schools in Sarajevo and Gracanica.

Survey instrument was a self- made questionnaire with the research variables. To the question “How many times have you consumed Cannabis in the last 30 days “ about 6% of the respondents have tried once or twice, while 1.5% use it daily, ecstasy have tried one or two times 2.25% while 0.5% have daily use. Based on the obtained results it can be concluded that students at schools in Sarajevo Consumed drugs 50% more than the Children in Gracanica . Analysing the age at which the subjects consumed the drug for the first time. We came to the conclusion that in the third year of high school only 8% of adolescents have tried any drugs before they turned 15 years.

Literature related to relationship between smoking behaviours and adolescence

Hwang H, et al (2015) conducted a study by using Multivariate multinomial logistic regression analysis was performed using two models, sensation seeking and smoking behaviours among adolescents in the Republic Korea. In Model 1 the four subscales of sensation seeking were used as covariates, and in Model 2, other control factors (ie, Characteristics related to demographics, individuals, family, school and friends) were added to model 1 in order to adjust for their effects. The results revealed in Model 1, the impact of dis inhibition of experimental smoking and current smoking was statistically significant. In model 2, the influence of disinhibition on both of these smoking behaviours remained statistically significant after controlling for all the other covariates. The two statistically significant subscales of sensation seeking were positively associated with the risk of smoking behaviours.

Arpawong TE, et al.,(2015 conducted a study in a highly stressful life events, and relationships with substance use behaviours among alternative high school students. Surveys assessed PTG,SLEs and substance use behaviours at the two year follow up. Multilevel regression models were run to examine the effect of PTG and the number of SLEs on frequency of substance use, attrition propensity and treatment group. Greater PTG scores were associated with lower frequencies of alcohol use, getting drunk on alcohol, binge drinking, marijuana use and less follow-up, but not associated with cigarette or hard drug use. Substance abuse at the two –year follow- up, but not

associated with cigarette or hard drug use. Also, PTG did not moderate the relationship between cumulative number of SLEs and substance use, behaviours, rather PTG appears to be protective against negative effects of a single, life altering SLE. Fostering PTG from a particularly poignant SLE may be useful for prevention programmes targeting alcohol, marinjuana and substance abuse behaviours among high-risk youth

Selya AS, et al., (2015) conducted a study in Nicotine-dependence-varying effects of smoking events on momentary mood changes among adolescents. Theories of nicotine addiction emphasize the initial role of positive reinforcement in the development of regular smoking behaviour, and the role of negative enforcement at later stages. These theories are tested here by examining the effects of amount smoked per smoking event on smoking-related mood changes, and how nicotine dependence(ND) moderates this effect. The questions are derived from the samples of light adolescent smokers drawn from the metropolitan Chicago area(N=151,55.6% mean 17.7 years)Ecological momentary assessment data were collected via handled computers, and additional variables were drawn from a traditional questionnaire. ND- varying effect were examined using varying effect models to elucidate their change across levels of ND. The study revealed the effect of the amount smoked per event was significantly associated with and increase in PA among adolescents with low-to-moderate levels of ND, and was not significant at high ND. Conversely, the effect of the amount smoked was significantly associated with a decrease in NA only for adolescents with low levels of ND.

KoMJ, et al., (2014) conducted a study in Objective and Subjective Socio-economic position and current smoking among Korean adolescents. Data were obtained from the 2012 Korea Youth Risk Behaviour web based survey , a nationally reprehensive sample of middle and high school students (38,221 boys) SEP was assessed by the Family Affluence Scale (FAS) and the self- related household economic status. Relationship between SEP and smoking were analysed by multivariate logistic regression. The low perceived SEP for either the high or low FAS grade was related to an elevated likelihood of smoking in both genders. A significantly high risk of smoking was

found in boys of low perceived SEP in middle school.(odds ratio(or) 1.50, 95% confidence interval(CI) 1.28- 1.77 for high FAS, OR 1.55;95% CI1.21-1.98 for low FAS) and of low perceived SEP and high FAS in high level (OR 1.13;95% CI 1.02-1.26). The relationship of subjectively perceived SEP with smoking is as important as objective SEP and more significant in Korean high School adolescents.

Leman RF, et al., (2014) conducted a study aimed perceived parental permissiveness toward gambling and risky behaviours in adolescents .Analysed the survey to assess relationship between perceived parental permissiveness toward gambling and adolescent gambling behaviour, substance use and related problems. High-school students (n=2805) provided data on risky behaviour, perceived parental permissiveness toward gambling, impulsivity and sensation seeking. Vicariate and logistic regression analyses were conducted to examine relationship with gambling and alcohol, cigarette and marijuana use. The results revealed that there were significant parental-permissiveness-by-sensation-seeking interactions in multiple models. Relationship between perceived parental permissiveness toward gambling and alcohol use frequency were particularly strong among those with high sensation-seeking. This relationship also applied to gambling and heavy cigarette smoking, albeit to a lesser extent. Impulsivity related strongly to drug problems among those who perceived their parents to be more and less permissive toward gambling.

Cao R, et al.,(2014) conducted a study to disclose the relationship between current smoking behaviours and household characteristics in Guangdong.A questionnaire survey was conducted among the adults sampled by four-stage randomized cluster sampling in ten districts of five cities in Guangdong from September to November ,2010.The questionnaire included demographic characteristics, smoking behaviours and smoking – related household characteristics. Chi-square test and unconditional logistic analysis were employed to explore the relationship between current smoking behaviours and household characteristics. This study included 2150 respondents, with data from 2121 eligible questionnaires used for analysis. The current smoking rates for respondents with household characteristics including per capita household income below 1000Yuan, three

or more smokers in the family, no ban of smoking at home and treating visitors with cigarettes were 28.75, 56.5%,34.2% and 43.5%, respectively, and were significantly higher than those for respondents with household characteristics at other levels($P \leq 0.01$ for all). After controlling for factors such as gender, age, personal income, education, employment status and residential location, we found that the number of family smokers, smoking restrictions at home and treating visitors with cigarettes had significant association with current smoking behaviours ($P \leq 0.01$ for all), except for per capita household income($P=0.567$)In order to reduce tobacco use, much effort should be made to create smoke- free homes, encourage smoking cessation and treat visitors with no cigarettes.

Alzyoud S, et al.,(2014)conducted across sectional survey for tobacco smoking status and perception of health among a sample of 11-18 years old school students from a major governorate in Jordan. Using a multistage random sampling 1050 students were selected. Students were categorized as non- smokers, cigarette-only smokers, water pipe-only smokers, or dual smokers. Rates of water pipe only and cigarette-only smoking were 7%and 3%, respectively, and were similar for boys and girls. In contrast, the rate of dual use was much higher than for single product use and was double in girls compared to boys (34% Vs 17%). Dual –smokers were significantly more likely to think that it is safe to smoke s long as the person intends to quit within two years compared to non- smokers, and had lower self-rated health status than other groups. The study findings have significant implications for designing tobacco smoking prevention programs for school health settings.

Hager JP, et al (2014) investigate the relation between depression and risk-behavior in adolescence ; these results are compared with the result s from a representative sample of German pupils who were examined in the context of the European School Study SEYLE. Data from a school based sample of 1,434 pupils with a mean age of 14.7 years (SD=0.8)was used. In this sample , alcohol abuse, smoking, media use, lack o physical activity, risky sexual behavior, school absenteeism, and sleeping problems showed an impact on the level of depression which was consistent

with previous research. Illicit drug abuse showed no significant impact on depressive symptoms of young people. The potential value of adolescent risk-behaviour as a possible warning sign for early detection of depressive symptoms also warrants further investigation.

Rossi M, et al(2014) conducted a study to evaluate the impact of cigarettes smoking and smoker's clinical characteristics on skin micro vascular function, we measure the skin forearm blood flux, basally and during post-occlusive reactive hyperaemia, in 100 current smokers(mean age 51± 11 years; range : 18 to 86years) and in 66 healthy never-smokers matched for age and sex, by using laser Doppler fluximetry (LDF).The post –ischemic percentage change from baseline of the area under the LDF curve (AUC%)was significantly lower in smokers than in never- smokers {162.5%(139.3-183.0)Vs 190.1%(156.3-216.8): p=0.00016}.Compared to controls, smokers also showed a reduced basal power spectral density(PSD) in the myogenic dependent vasomotor (p=0.0034) and a reduced post-ischemic percentage increase in PSD of the endothelial –dependent vasomotion (p=0.0010)and sympathetic –dependent vasomotion (p=0.0016)An inverse relationship was observed in smokers between AUC% and smoking exposure duration(r=0.23, p=0.018), pack years (r=0.33,p=0.0007), age (r=0.26,p==0.008) and body mass index(r=0.21,p=0.037). This study confirms that smoking is associated with cutaneous microvascular dysfunction and shows that the severity of this impairment is independently related to the duration and intensity of the exposure to smoking.

Silva D, et al., (2013) conducted a study to evaluate the suicidal behavior and psychiatric disorders in Chile. The Composite International Diagnostic Interview (CIDI), was applied to a representative sample of 2,978 Chilean participants. The prevalence of four suicidal behaviours(thinking about or wishing death, suicide ideation and suicide attempts) and of psychiatric diseases according to the revised third version of the Diagnostic and Statistical Manual of Mental Disorders (DSMIII-R), was calculated.The results revealed that the life time prevalence of suicidal conception was 14.3% and the suicide attempt 7.7%, the latest associated with sex, age, school years, smoking habis,

being married or having a relationship, depressive disorders, dysthymia , and alcohol, drug and tobacco dependence.

Becona E, et al.,(2013) conducted a cross sectional study with smoking habit profile and health-related quality of life. The sample size of 714 Spanish adults (44.7% never smokers and 55.3% smokers) without diagnosis of physical mental disorder. Each participant provided information about different socio demographic variables and data on HRQOL. Smokers also reported smoking- related information about smoking –related variables. The results revealed that Nicotine dependence was not associated with the physical dimension of HRQOL, but in the mental component, nicotine dependent smokers showed worse HRQOL than never smokers (p=0.004) and than non- nicotine dependent smokers (p=0.014). There were no differences between no- nicotine dependent smokers and never smokers. Smoking status (non smokers vs. smokers), number of cigarettes smoked per day, stage of change, quit attempts in the year or age of smoking onset were not related to HRQOL.

Literature related to structured teaching programme on smoking and adolescents

Verma A, et al.,(2015) conducted a study on Exploring an effective tobacco prevention programme for Indian adolescents . An interventional trial was conducted among 720 adolescents aged 15- 16years in Bangalore India. Educational interventions were imparted to all study subjects in a phased manner, along with two interactive sessions held six months apart. The impact of the programme was measured using questionnaires administered before the first intervention (pre intervention) and after the second intervention(post intervention). The result revealed the Mean(±standard deviation) pre- intervention KAIB scores of the subjects were 5.9± 1.87(knowledge), 23.6 ± 3.15(attitude)and 18.9 ±3.27 (practice), which improved to 7.8 ± 2.01, 26.7±2.43 and 12.3±2.52, respectively, post intervention. The difference in mean KAIB scores were significant (p 0.0001, df=1400), suggesting that the intervention had a major positive impact. School- based short-term educational intervention programmes are effective for preventing and reducing tobacco use among Indian adolescents.

Shin SR, et al., (2014) conducted a study on effect of school-based Peer Leader Centered Smoking prevention program. By using methods of non-equivalent control group with a pre/post-test design was used. Students(n=174) in two boy's junior high schools located in D city, Korea participated with 85 being selected for the experimental group 89 for the control group. Five sessions were given to the experimental group and a 50 minute lecture to the control group. Knowledge, attitude, non-smoking intention, and non smoking efficacy were measured for the both experimental and control group. Data were analysed using Fisher's exact test, independent t- test and paired t-test with the SPSS 21.0 program. The results revealed that the experimental group showed higher overall knowledge, negative attitude toward smoking, and higher non-smoking intention and efficacy. After receiving the teaching program scores for attitude toward smoking and non-smoking efficacy increased in the experimental group were higher than in the control group.

Asyat Y, et al.,(2014) conducted a study for the feasibility and effectiveness of a community-based smoking cessation intervention in a racially diverse, urban cohort. The samples of smoker(n=1494:55% African American) enrolled in 6-session full(n=945) or 3-session short(n=549) versions of CTQ in 2008 to 2012.The results revealed the acceptability was outstanding: more than 90% of participants would recommended CTQ. Feasibility was good: completion rates were 19% in the full and 17% in the short programs. Intent-to-treat quit rates were 19% in the full and 17% in the short programs (completer quit rates were 36% and 22%, respectively). There were no racial disparities: African Americans and Whites showed similar completion and quit rates.

Shah VR, et al., (2013)conducted a cross sectional study about the impact of anti-tobacco warning labels on behavior of tobacco users in one of the cities of Gujarat, India. Sample size was 776 tobacco users were enrolled in the study. The results revealed that , out of total 776 tobacco users, 561(72.3%) had ever noticed warning signals over the tobacco products. Among those who have noticed warning labels, 64.4% became aware about health effects and 66% have thought to quit tobacco. Tobacco users of young age group(15-45) were more aware regarding warning labels. Females were less aware. As

level of education increases number of tobacco users who tried to quit or reduced the daily quantity of tobacco intake were also increases.

Lin MH, et al (2012) conducted a quasi experimental design study an effect of an anti-smoking program to prevent lung cancer among Urban aboriginals in Taiwan. Sample size of 125 aboriginal subjects were recruited from two local churches at Shu Lin area in Northern Taiwan. Subjects were divided into an experimental group(n=64) and a control group (n=61). Both took pre-tests in order to set baselines values, and only the experimental group participated for 3-weeks in the anti-smoking program classes. Both groups took post-tests immediately after the intervention in order to evaluate the immediate effects of the teaching program, and a follow-up test was conducted four weeks after the intervention. Data were analysed descriptive statistics, one-way ANCOVA, and repeat measure ANCOVA

Slama K, et al (2011) conducted a study to the effectiveness of two smoking cessation programmes for use in general practice with design used Randomised controlled clinical trial, General practices in Newcastle, Australia. 311 Patients identified as smokers by a screening question were enrolled in the study. Of these, 101 were assigned to a structured behavioural change programme, 104 to a simple advice programme adapted from previous research, and 106 to a control group. Patients in the simple advice group received a brief statement of advice from the general practitioner as well as three pamphlets; those in the structured intervention group were given strategies which included attitude and behavioural change programmes as well as techniques to aid compliance. Significant differences between controls and the structured behavioural change group were found at the one month follow up, but only for self reported abstinence. The simple advice programme did not produce any significant differences over the control group. General practitioner evaluation of the structured programme highlighted difficulties in relation to the duration of the intervention.

CHAPTER III
METHODOLOGY

CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the method adopted by the researcher to find out the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent's boys. It deals with research approach, research design, the setting, the population, sample and sampling technique, development and description of tool, procedure for data collection and plan for data analysis.

Research Approach:

An evaluatory approach was adopted by the researcher to find the effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai.

Research Design:

Pre –experimental one group pre test and post test design is adopted for this study

Group	Pre-test assessment of knowledge	Structured teaching programme	Post-test assessment of knowledge
100 selected samples of adolescent boys in a selected college	0_1	X	0_2

Table-1 Diagramatic representation of research design

O1 - Pre test assessment of knowledge

X - Structured teaching programme

O2- Post test assessment of knowledge

Variables of the study

- **Dependent variables :** Knowledge regarding ill effects of cigarette smoking and its prevention

- **Independent variables:** Structured teaching programme was the independent variables in this study.

Setting of the study:

The study was conducted Fatima Michael Engineering College and Technology, Madurai which was located 2 kilo meters away from the college. Around 800 adolescent boys were studying in this college.

Study Population:

- **Target population**: The target population of the study was the adolescent boys who are studying in the colleges.

- **Accessible population**: The accessible population of the study was the adolescent boys who are studying in Fatima Michael Engineering College.

Sample:

Samples were taken from Fatima Michael engineering college .In this study the sample consists of adolescent boys who met the inclusion criteria.

Sample size:

Sample size consisted of 100 adolescent boys.

Sampling technique

The researcher adopted Non probability purposive sampling technique to select the sample for this study.

Criteria for selection of sample:

The sample was selected based on the following criteria.

Inclusion Criteria:

The study includes,

- Adolescent boys who were willing to participate in the study
- Adolescent boys who were available during the period of data collection.

Exclusion criteria:

The study excludes,

- Who were already participated exclusively in cigarette smoking programme such as conference and workshop?

Research tool and Technique:

The tool consisted of two sections

Section – A: Demographic data consisted of following: Age(in year), Religion, Area of residence, Type of family, Father's educational status, Mother's educational status, Father's occupation, Mother's Occupation, Monthly income of the family, Family history of smoking and source of information regarding ill effects of cigarette smoking and prevention.

Section – B : Structured knowledge questionnaire regarding the ill effects of cigarette smoking and its prevention. The structured questionnaire contains [30 questions]. Every correct answer was awarded a score of one (1) and every incorrect answer question was accorded as Zero (0). The maximum score on structured knowledge questionnaire was 30.

The different level of knowledge is categorized as follows.

Very good	- More than 75%
Good	- Between 45 -74%
Poor	-Less than 44%

Testing of the tool

Validity of the tool

The tool was developed by the investigator based on the review of literature. The tool was evaluated by experts from the field of Nursing and medicine and it was modified according to their suggestion.

Reliability of the tool

The tool was tested for reliability during pilot study by using split half method. The reliability value of the tool was 0.94 and hence the questionnaire was found to be reliable.

Pilot study

In order to test the feasibility, relevance and practicability of the study, a pilot study was conducted among 10 adolescent boys who are studying in Vikram College of Engineering at Sivagangai. The data were analyzed to find out the reliability, It was 0.94.

Data collection procedure

The investigator obtained formal permission from the college principal at Madurai to conduct the study. The principal introduced the investigator to the head of the Mechanical and Automobile Department in order to establish support and co-operation to conduct the study successfully. The investigator introduced her to the Mechanical and automobile department students and established rapport with them. Pre-experimental one group pre-test post-test design was used for the study. A total number of 100 adolescent boys were selected through purposive sampling technique. Appropriate orientation was given to the samples about the aim of the study, nature of questionnaire and adequate care was taken for confidentially and identity. The demographic variables collected from the samples include Age, Religion, Type of family, Area of residence, Father's educational status, Mother's educational status, Father's occupation, Mother's occupation, Monthly income of the family, and Family history of smoking and source of information.

The pre-test was conducted by using structured questionnaire that consists of part I Demographic data and Part II MCQ. A time limit of 30minutes was taken to each sample for pre-test. The pre test was conducted in the small auditorium. After completion of pre-test the investigator gave introduction and followed a Structured Teaching Programme for 30- 45mts by using LCD. After Structured Teaching Programme their doubt were cleared. The Structured Teaching Programme contained information

regarding ill effects of smoking and its prevention that included (general information about components of cigarette, ill effects of each system how to affect in the body, and tips to prevent smoking).The post-test was conducted by the investigator after a period of one week using the same Structured Teaching programme. The same procedure was followed for all the 100 samples.

Plan for data analysis

The data analysis was done according to the objectives of the study. Both descriptive and inferential statistics were used Paired´t´ test was used to compare the effectiveness of structured teaching programme. Chi-square test was used to determine the association between demographic variables with the level of knowledge score.

Protection of human rights

Research proposal was approved by the dissertation committee, RASS Academy College of Nursing, Poovanthi. Prior to the study, the oral consent of each sample was obtained before starting the data collection. Assurance was given to the samples that confidentiality would be maintained.

CHAPTER IV

CHAPTER -IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of data collected from the adolescent boys who have received structured teaching programme on knowledge regarding ill effects and prevention of cigarette smoking. The collected data were analysed, tabulated and presented under the following sections;

Section I : Distribution of samples according to their demographic variables.

Section II : Description of samples according to their pre-test and post-test level of Knowledge

Section III :Comparison of pre test and post test knowledge level of adolescents regarding Cigarette smoking

Section IV : Association of pre test knowledge level of adolescent boys with their selected demographic variables

SECTION – I

Distribution of sample according to their demographic variables

Table 2: Distribution of samples according to their demographic variables

(N =100)

S.no	Demographic variables	Frequency (f)	Percentage (%)
1	Age (in years)		
	a) 17 – 18 years	40	40
	b) 18 – 19 years	60	60
2	Religion		
	a) Hindu	62	62
	b) Christian	29	29
	c) Muslim	09	09
3	Types of family		
	a) Joint family	23	23
	b) Nuclear family	69	69
	c) Extended family	08	08
4	Area of Residence		
	a) Rural	45	45
	b) Urban	32	32
	c) Semi Urban	23	23
5	Fathers educational status		
	a) Illiterate	10	10
	b) Primary	15	15
	c) Secondary	25	25
	d) Higher secondary	23	23
	e) Diploma/Graduate	27	27

6	Mothers educational status		
	a) Illiterate	15	15
	b) Primary	24	24
	c) Secondary	22	22
	d) Higher secondary	23	23
	e) Diploma/Graduate	16	16
7	Fathers occupation		
	a) Unemployed	04	04
	b) Daily wage earner	28	28
	c) Self employed	40	40
	d) Government employee	28	28
8	Mothers occupation		
	a) Unemployed	54	54
	b) Daily wage earner	13	13
	c) Self employed	21	21
	d) Government employee	12	12
9	Monthly income		
	a) 5000 – 10000	35	35
	b) 10001 – 15000	20	20
	c) 15001 – 20000	28	28
	d) Above 20001	17	17
10	Family history of Smoking		
	a) Yes	46	46
	b) No	54	54
11	Source of information		
	a) Health personnel	11	11
	b) Parents/Friends	33	33
	c) Mass media	42	42
	d) No information	14	14

Table summarizes that demographic characteristics of adolescents among 100, with regards to age (40%) were 17-18years, (60%) were 18-19years, with regards to religion, majority of the samples (62%) belongs to Hindu (29%) were Christians and (9%) were Muslims.

Based on the type of family majority of the samples (69%) belongs to joint family (23%) were nuclear family and (8%) were extended family. Regarding father's educational status (27%) was diploma/graduate, (25%) were secondary learners and (10%) were illiterate.

Regarding mother's educational status (24%) were primary learners (23%) had higher secondary, and (15%) were illiterate. Regarding Father's occupation majority of the samples (40%) were self employed, (28%) were daily wage earner and Govt employee respectively.

Regarding mother's occupation (54%) were unemployed and (12%) were Govt employed. Distribution of subjects with reference to monthly income(35%) were Rs-5000 -10000 per month, (28%) were Rs.15001- 20000 per month.

Regarding family history (54%) were no history of smoking and (46%) had history of smoking. With regards to source of information (33%) were information from parents and friends, (42%) were from mass media and (14%) had no information.

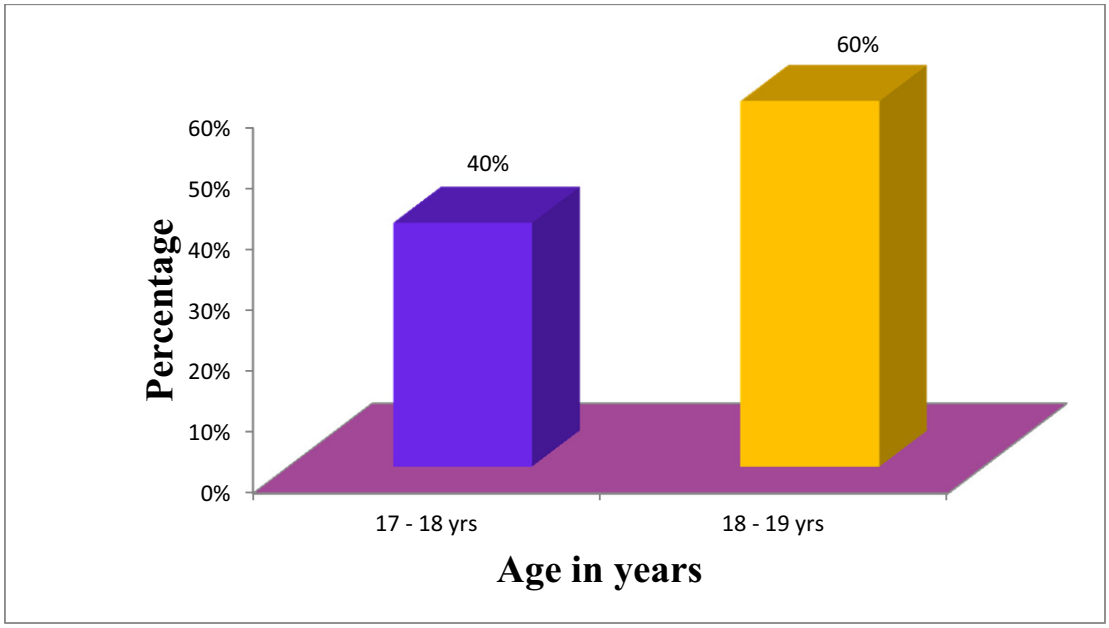


Figure 1: Distribution of samples according to their age

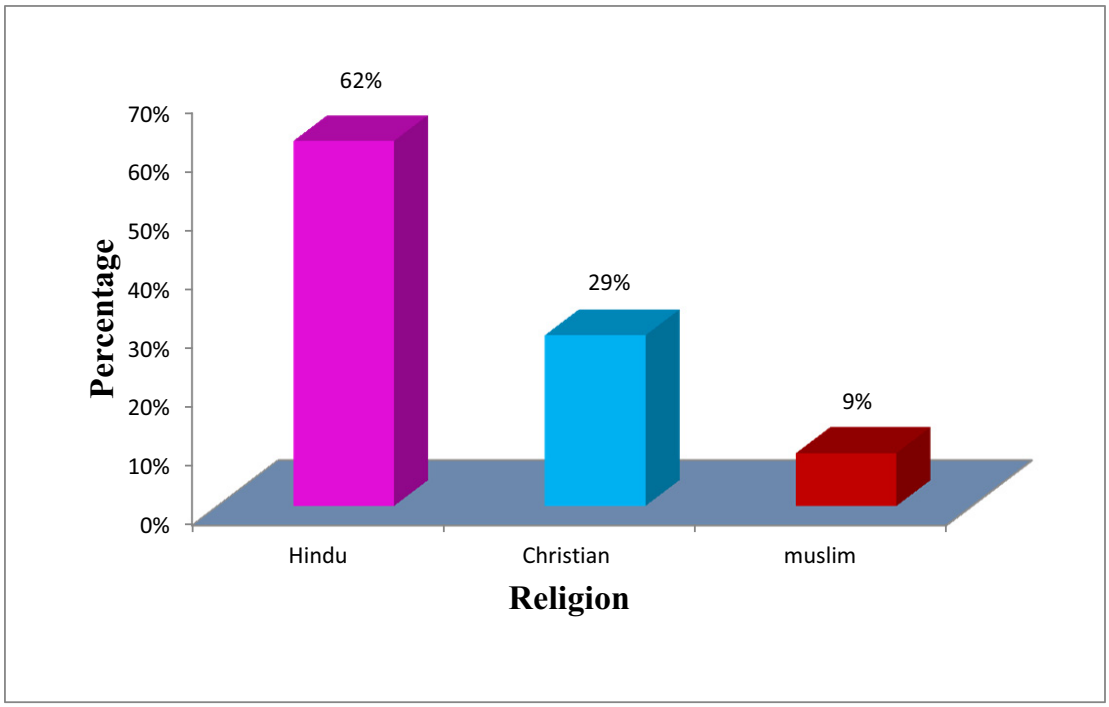


Figure 2: Distribution of samples according to their religion

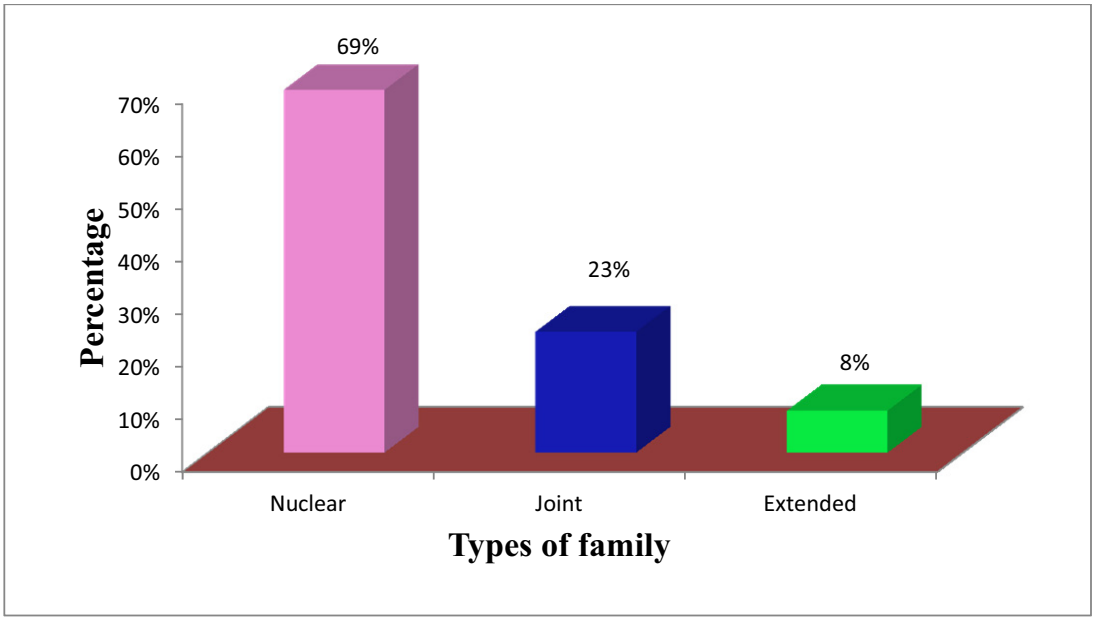


Figure 3: Distribution of samples according to their types of family

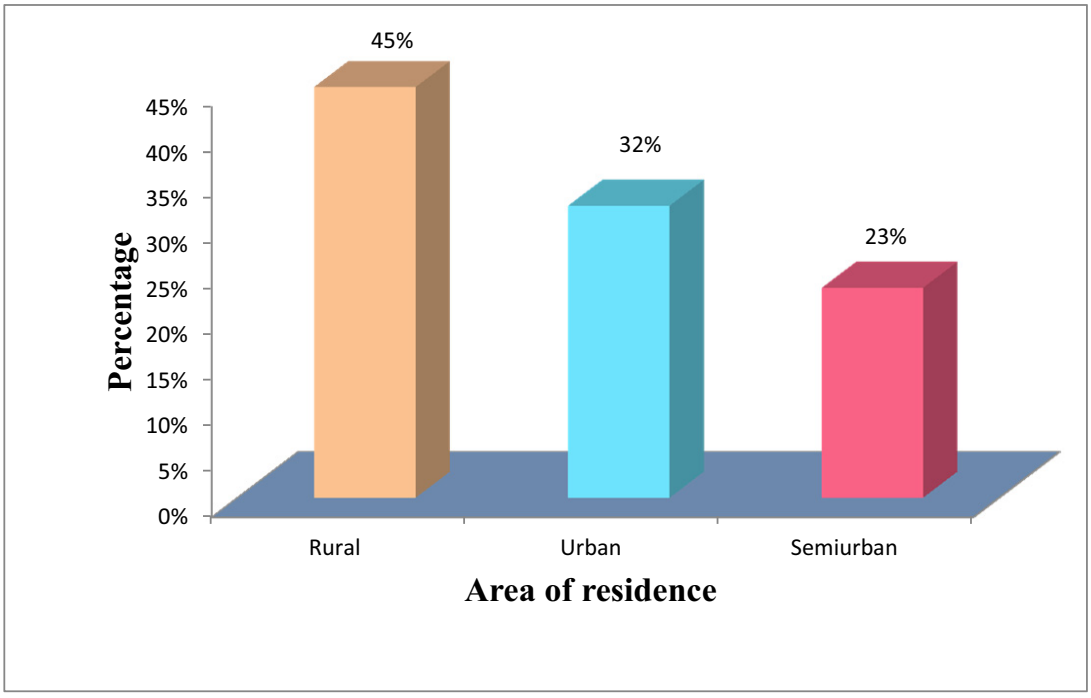


Figure 4: Distribution of samples according to their area of residence

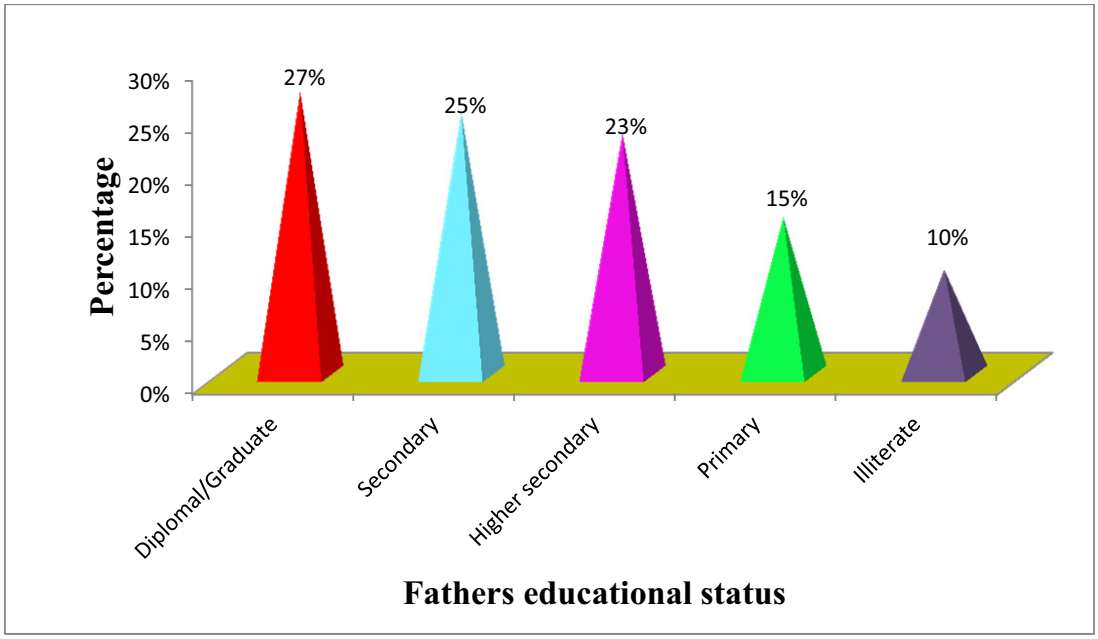


Figure 5: Distribution of samples according to their father's educational status

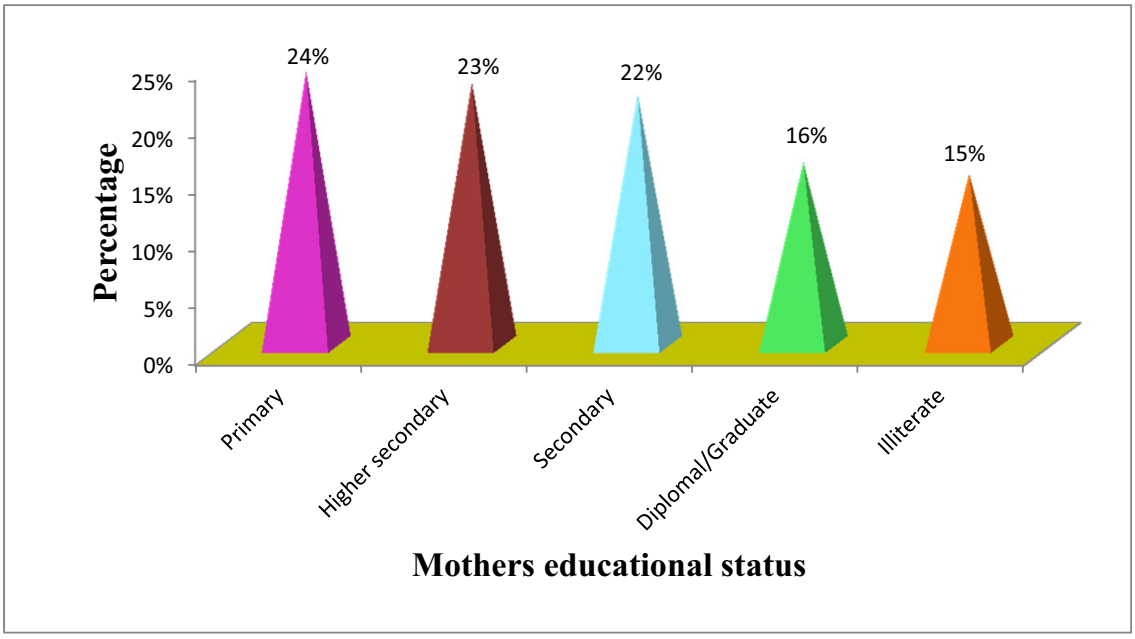


Figure 6: Distribution of samples according to their mother's educational status

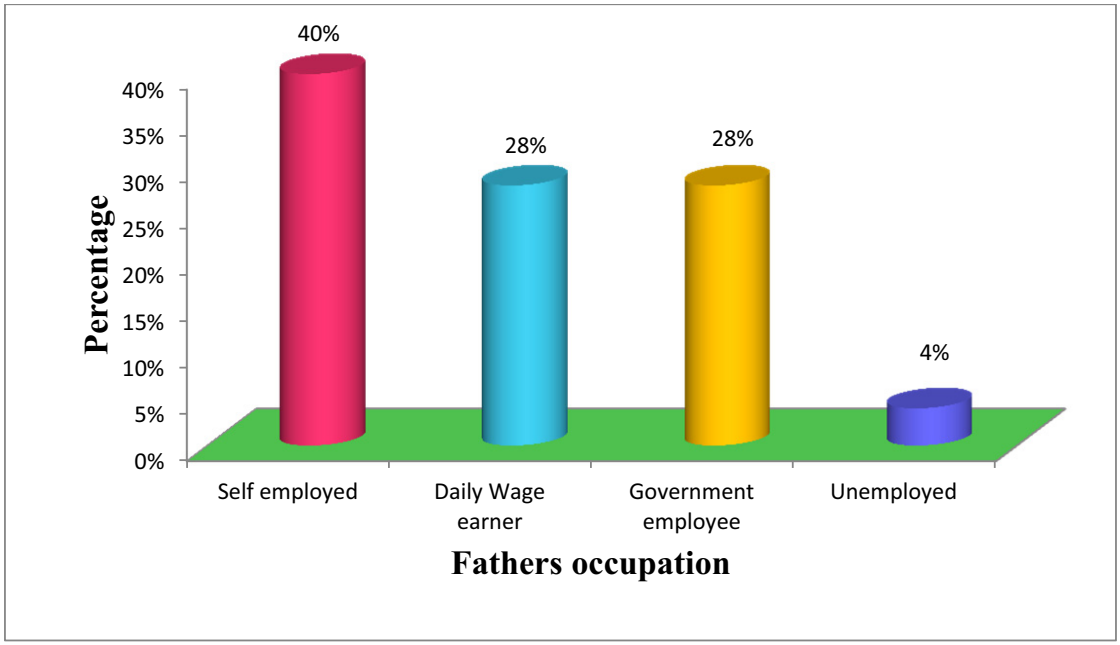


Figure 7: Distribution of samples according to their father's occupation

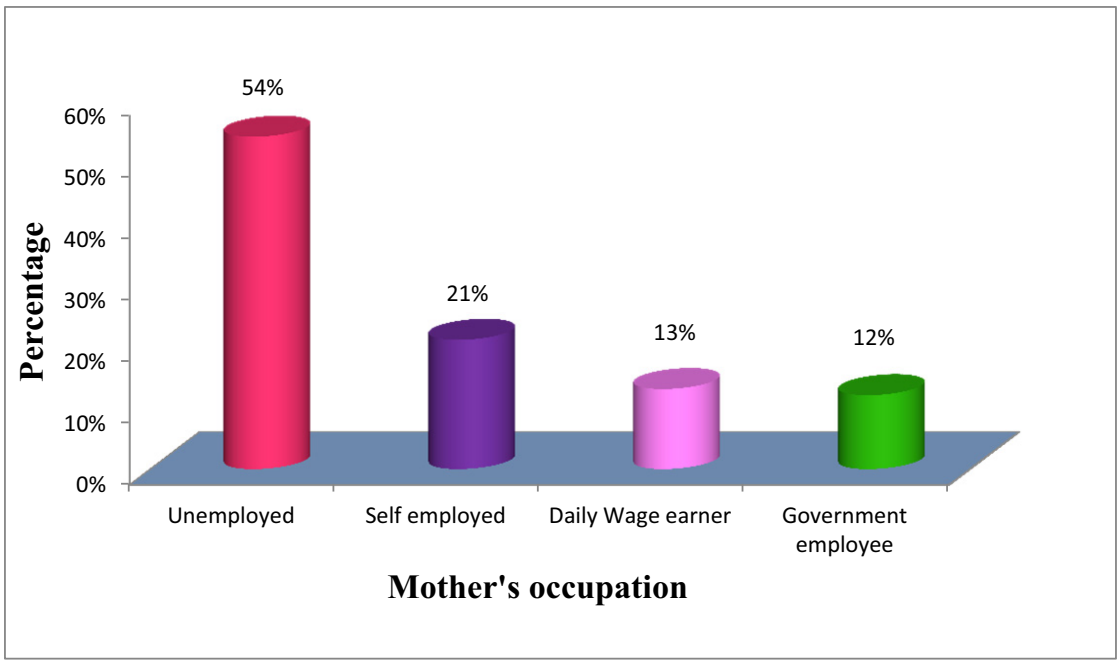


Figure 8: Distribution of samples according to their mother's occupation

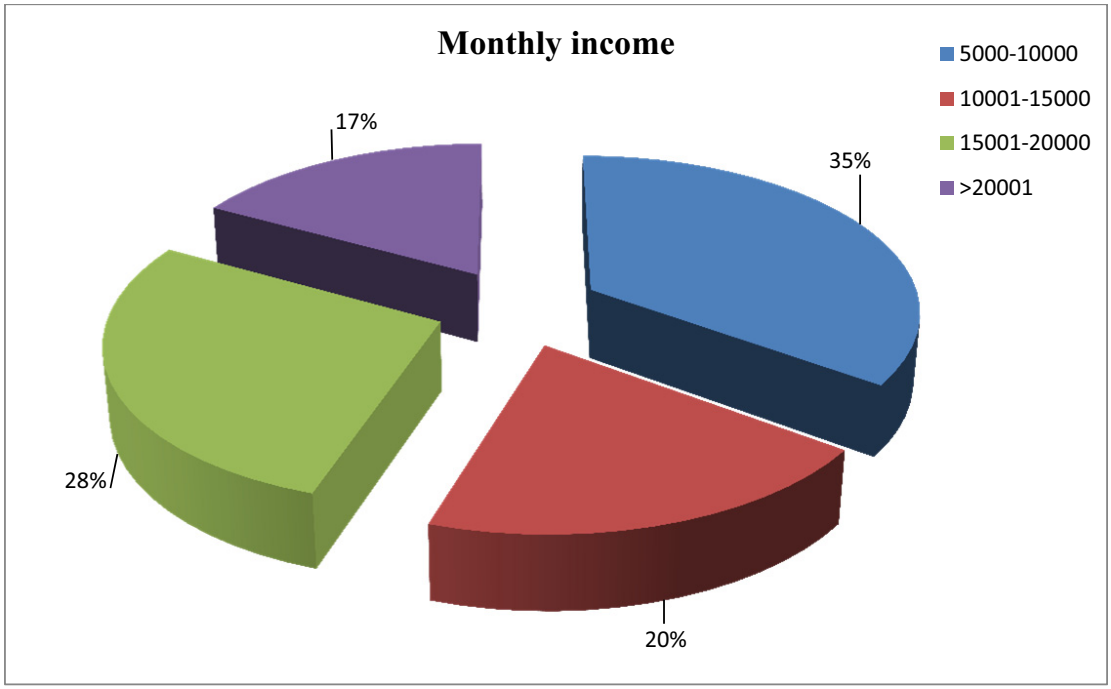


Figure 9: Distribution of samples according to their monthly income

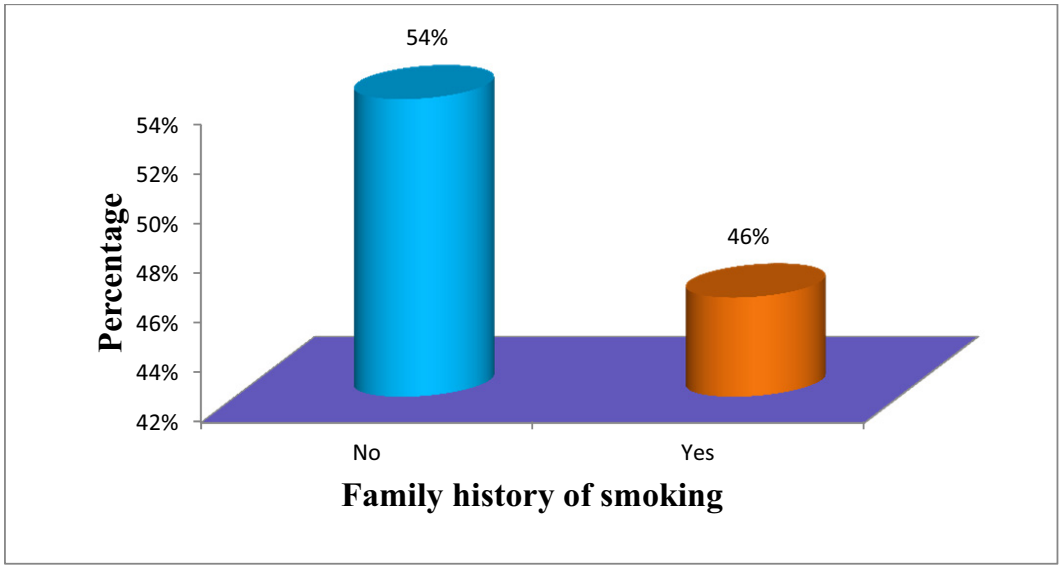


Figure 10: Distribution of samples according to family history of smoking

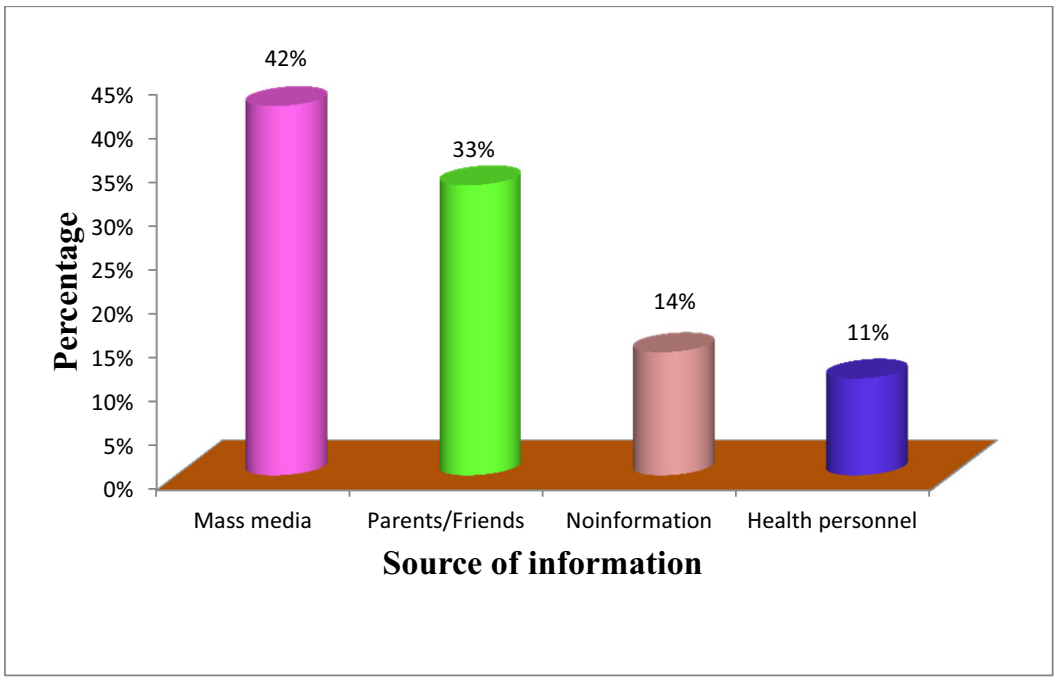


Figure 11:Distribution of samples according to source of information

SECTION II

Description of samples according to their pre-test and post-test level of knowledge.

Table 3: Distribution of samples according to their pre-test and post-test level of knowledge.

(N=100)

Level of knowledge	Pre test		Post test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor (<44%)	43	43%	0	0%
Average (45-74%)	57	57%	5	5%
Good (>75%)	0	0%	95	95%

Table depicts that, the pre test and post test level of knowledge. Majority (57%) of adolescent had average knowledge, (43%) had poor knowledge .No one scored (above 75%) marks in pre test but in the post test majority(95%) had good knowledge (above 75%) and(5%) of them scored average level of knowledge (50-75%). No one was having poor level of knowledge.

The above findings summarizes that, the structured teaching programme had significant beneficial effect in the level of knowledge among adolescent boys.

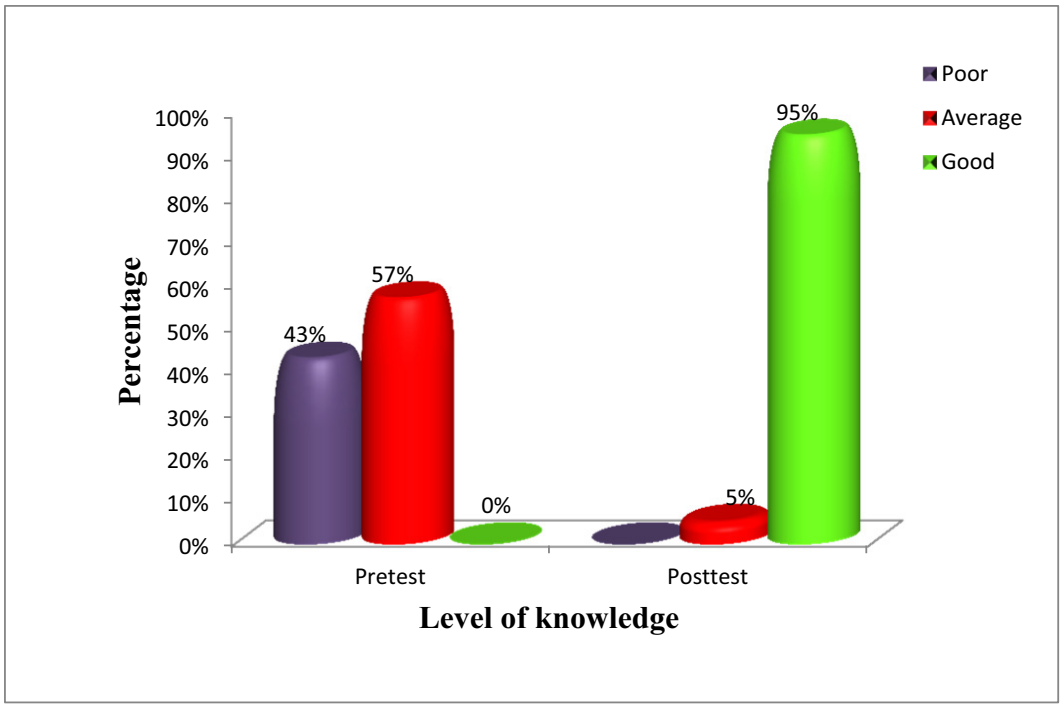


Figure 12: Distribution of samples according to their pre test and post test level of knowledge

SECTION III

Table 4: Comparison of pre test and post test knowledge level of adolescents regarding cigarette smoking

(N=100)

S. no	Knowledge score	Mean	Mean difference	Standard deviation	't' value
1	Pre test	13.31	13.42	1.89	58.34
2	Post test	26.73		1.40	

(Significant at 0.05 levels)(Table value = 2.00)

The above table depicts comparison of mean pre test and post test knowledge level on cigarette smoking and its prevention. The post test mean score (26.73) was high when compared to the pre test mean (13.31). The obtained t value (58.34) was greater than table value at 0.05 level of significance, which shows that there is significant difference between pre test and post test level of knowledge regarding cigarette smoking among adolescent boys. Hence, the formulated research hypothesis H_1 was accepted.

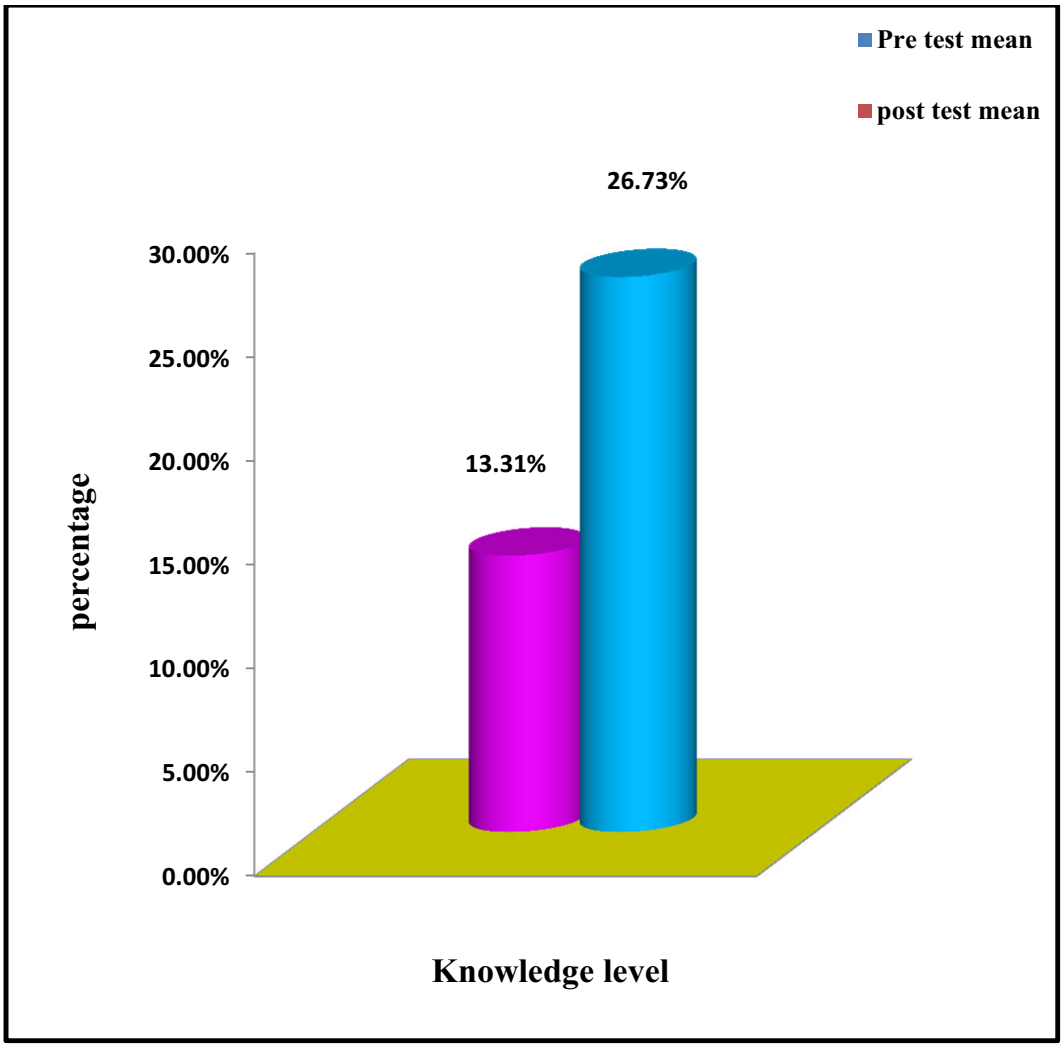


Figure 13: Comparison of samples according to their pre test and post test level of knowledge

SECTION –IV

Table 5: Association of pre test knowledge level of adolescent boys with their selected demographic variables.

(N=100)

S. no	Demographic variables	Level of knowledge		$\chi 2$	Table value	Level of significance
		Above mean(13)	Below Mean (13)			
1	Age (in years) a) 17 – 18 years b) 18 – 19 years	 05 34	 35 26	19.66	3.84	* S
2	Religion a) Hindu b) Christian c) Muslim	 23 13 04	 39 16 05	0.53	5.99	# NS
3	Types of family a) Joint family b) Nuclear family c) Extended family	 06 30 04	 17 39 04	2.51	5.99	# NS
4	Area of Residence a) Rural b) Urban c) Semi Urban	 21 11 07	 24 21 16	2.08	5.99	# NS
5	Fathers educational status a) Illiterate b) Primary c) Secondary d) Higher secondary e) Diploma/Graduate	 03 08 10 07 09	 07 07 15 16 18	2.42	9.49	# NS

6	Mothers educational status a) Illiterate b) Primary c) Secondary d) Higher secondary e) Diploma/Graduate	 05 14 06 06 09	 10 10 16 17 07	8.59	9.49	#NS
7	Fathers occupation a) Unemployed b) Daily wage earner c) Self employed d) Government employee	 02 14 14 09	 02 14 26 19	2.33	7.82	# NS
8	Mothers occupation a) Unemployed b) Daily wage earner c) Self employed d) Government employee	 17 08 06 06	 37 05 15 06	5.34	7.82	# NS
9	Monthly income a) 5000 – 10000 b) 10001 – 15000 c) 15001 – 20000 d) Above 20001	 18 10 04 08	 17 10 24 09	10.7	7.82	* S
10	Family history of Smoking a) Yes b) No	 18 22	 28 32	0.02	3.84	# NS
11	Source of information a) Health person b) Parents/Friends c) Mass media d) No information	 05 13 15 06	 06 20 27 08	0.42	7.82	# NS

{NS-Non-significant, S-Significant; P-0.05* level}

The above table depicts the association of adolescent boys knowledge on cigarette smoking and its prevention with their age, the calculated value of chi-square(19.66) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the ages of cigarette smoking with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their religion, the calculated value of Chi-square(0.53) was less than the table value at 0.05 level of significance. So there was no significant association exist between the religion of family with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their Type of family, the calculated value of Chi- square (2.51) was less than the table value at 0.05 level of significance. So there was no significant association exist between the type of family with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their area of residence, the calculated value of chi-square (2.08) was less than the table value at 0.05 level of significance. So there was no significant association exist between the area of residence with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their father's educational status, the calculated value of chi-square (2.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's educational status, the calculated value of chi-square (8.59) was less than the table value at 0.05 level of significance. So there was no significant association exist between their mother's educational statuses with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their father's occupational status, the calculated value of chi-square (2.33)

was less than the table value at 0.05 level of significance. So there was no significant association exist between their father's occupational status with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their mother's occupational status, the calculated value of chi-square (5.34) was less than the table value at0.05 level of significance. So there was no significant association exist between the mother's occupational status with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their monthly income, the calculated value of chi-square (10. 7) was greater than the table value at 0.05 level of significance. So there is a significant association exist between the monthly income with their knowledge. Hence H_2 was accepted.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with family history of smoking, the calculated value of chi-square (0.02) was less than the table value at 0.05 level of significance. So there was no significant association exist between the family histories of smoking with their knowledge.

The above table depicts the association of adolescent boys knowledge on cigarette smoking with their source of information, the calculated value of chi-square (0.42) was less than the table value at 0.05 level of significance. So there was no significant association exist between the sources of information of adolescents with their knowledge.

CHAPTER V
DISCUSSION & CONCLUSION

CHAPTER V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

Discussion:

Adolescent is a time of rapid physical, emotional, cognitional and social change. Additionally, this is period that is critical to the development of behaviour and attitude related to diet, exercise, sexual practice, habits of using tobacco and alcohol. Annual smoking costs are more than$289 billion. We lose at least $ 157 billion yearly in productivity costs when smokers get sick and die early. Today's smokers are more likely to develop lung cancer than smokers 50 years ago. Cigarette smoking is the Number 1 cause of lung cancer. Nearly 9 out of 10 lung cancers are caused by smoking.

The present study was designed to assess the effectiveness of **s**tructured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai.

To find out the effectiveness of Structured Teaching Programme, the investigator adopted pre-experimental one group pre-test post-test design and 100 adolescent boys were selected through purposive sampling technique.

Respondent characteristics are as follows

- **The first objective was to assess the pre-test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys .**

The major finding of this study was the majority 43%(43) out of 100 adolescents were having poor level of knowledge.Regarding remaining 57% (57) adolescents had

average level of knowledge and o% had good knowledge category. The above findings summarizes that half of the samples were having poor level of knowledge.

Wegman L, et al (2012) conducted a study examines whether individual differences in impulsivity and emotional problems in adolescent smokers are related to initial smoking characteristics of participants, acceptance, retention and outcome of a school-based smoking cessation program A one-group-pre-post test design was realized. The data was obtained from a feasibility study of a youth-specific, cognitive-behavioural and motivation enhancing program at 22 schools with 139 participating teenage smokers in Germany. Acceptance and retention did not differ with regard to impulsivity and emotional problems, but initial smoking status did. Cessation rates varied intervention as less impulsive smokers. In spite of their general positive evaluation, impulsive adolescents seem to benefit less from a smoking cessation program than their non-impulsive counterparts.

- **The second objective was to evaluate the effectiveness of structured teaching program on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys**

In case of post –test level of knowledge, 95(95%) out of 100 were acquired good level of knowledge, 5(5%) were having good level of knowledge and no one having poor level of knowledge. The obtained "t" value (58.3) was significant at 0.05 level with the degree of freedom 99.This indicates that , there is a significant difference between pre test and post test level of knowledge scores among adolescent boys regarding ill effects of cigarette smoking and its prevention. **Hence H_1 was accepted**

Lee PH et al (2007) conducted a quasi- experimental study about the impact of a school wide no with level of impulsivity: compared to non-impulsive participants, impulsive adolescents succeeded in quitting smoking less often. Smoking strategy and class room based smoking prevention curriculum on the smoking behavior of junior high

school students. Using a pre -test post test design, 469 seventh-to ninth-grade students at four junior high schools in Taiwan, were selected and separated into three groups according to class unit. Experimental group A experienced a school-wide no smoking strategy and a six-session smoking prevention curriculum. Experimental group B experienced only the school-wide no smoking strategy. The control group experienced no intervention. The students were tested 1 week before intervention began and 1 week after it ended. Experimental group A exhibited a better understanding than either experimental group B or the control group of the dangers of smoking and of techniques for refusing cigarettes; and in fact, group A indicated low smoking intention than experimental group B. Experimental group A also had a better attitude towards resisting smoking than the control group. The study concluded that to reduce the smoking rates among junior high school students, diversified school-wide no smoking strategies and standardized, diversified instruments should be adopted so that outcomes of smoking prevention work may be assessed more objectively and effectively.

- **The third objective was to find out the association between pre- test knowledge score with their selected demographic variables**

The major findings of this study were showed that there was a significant association was found between pre-test knowledge score with the selected demographic variables such as age and monthly income of the family. Hence the calculated Chi-square value was compared with the table value which was higher than the table value. So, the result proven that there was an association between pre test knowledge score with the selected demographic variables To reduce the smoking rates among junior high school students, diversified school-wide no smoking strategies and standardized, diversified instruments should be adopted so that outcomes of smoking prevention work may be assessed more objectively and effectively.

Veeranki, SP,et al (2014)conducted a study to estimate the prevalence of second hand smoke (SHS) exposure among never smoking adolescents. Data were obtained from nationally representative Global Youth Tobacco Surveys conducted in 168 countries during 1999-2008.SHS exposure was ascertained in relation to the location –exposure

inside home, outside home, and both inside and outside home respectively. Independent variable included parent/peer smoking, knowledge about smoke harm, attitudes toward smoking ban, age, sex, and World Health Organization region. Simple and multiple logistic regression analyses were conducted. The study revealed that, 356,414 never-smoking adolescents included in the study, 30.4%, 44.2%, and 23.2% were exposed to SHS inside home, outside home, and both, respectively. Parental smoking, peer smoking, knowledge about smoke harm, and positive attitudes toward smoke ban were significantly associated with increased odds of SHS exposure. Approximately 14% of adolescents had both smoking parents and peers. Compared with never-smoking adolescents who did not have both smoking parents and peers, those who had both smoking parents and peers had 19 (adjusted odds ratio [aOR], 19.0; 95% confidence interval [CI], 16.86-21.41), eight (aOR, 7.71; 95% CI, 7.05-8.43), Of 356,414 never-smoking adolescents included in the study, 30.4%, 44.2%, and 23.2% were exposed to SHS inside home, outside home, and both, respectively.

Parental smoking, peer smoking, knowledge about smoke harm, and positive attitudes toward smoke ban were significantly associated with increased odds of SHS exposure. Approximately 14% of adolescents had both smoking parents and peers. Compared with never-smoking adolescents who did not have both smoking parents and peers, those who had both smoking parents and peers had 19 (adjusted odds ratio [aOR], 19.0; 95% confidence interval [CI], 16.86-21.41), eight (aOR, 7.71; 95% CI, 7.05-8.43) and 23 times (aOR, 23.16; 95% CI, 20.74-25.87) higher odds of exposure to SHS inside, outside, and both inside and outcome home, respectively. Study findings highlight the need to develop and implement comprehensive smoke-free policies consistent with the World Health Organization Framework Convention on Tobacco Control.

Summary of the study:

The study was undertaken to assess the effectiveness of Structured Teaching Programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai.

The study tested and proved the hypotheses H_1 and H_2 that, there was a significant improvement in the pre test and post test level of knowledge of adolescents who received structured teaching programme in Fatima Michael College of Engineering.

The conceptual frame work used for this study was based on general system theory. One group pre test post test design (0_1 x 0_2) was adopted for the present study. Study samples consisted of 100 adolescent boys.. Purposive sampling technique was used for selection of samples. The tool consists of demographic variables of the samples and structured knowledge questionnaire regarding general knowledge about cigarette smoking, ill effects and its prevention.

Major findings of the study:

Majority of samples, 60(69%) were 18 to 19 years of age. Based on the religion, the 62(62%) were belongs to Hindu. Regarding type of family, majority 69(69%) of them are belongs to nuclear family. Among 45($%%) of them are residing in rural area. With respond to the Father's education 27 (27%) of fathers are in diploma/ Graduate holders. Regarding Mother's educational status 24(24%) of mothers are in primary level of education only. Regarding fathers and mothers occupation among 40(40%) unemployed and 54(54%) unemployed respectively. Based on the monthly income of the family among 35(35%) of them have Rs-5000-10,000 income. Regarding family history among 54(54%) of them have the history of smoking. Based on the source of information majority 42(42%) having an information through mass media and among 14(14%) has no information.

In pre-test level of knowledge, 43(43%) out of 100 adolescents were having poor level of knowledge .Regarding remaining 57(57%) adolescents had average level of knowledge and no one had good knowledge .

In case of post –test level of knowledge, 95(95%) out of 100 were acquired good level of knowledge, 5(5%) were having average level of knowledge and no one having poor level of knowledge.

Comparison of mean pre test and post test level of knowledge shows, the "t" value (58.34) was significant at 0.05 level with the degree of freedom 99. This indicates that, there is significant difference between pre test and post test level of knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. Hence H_1 was accepted. Except Age and monthly income there was no significant association between selected demographic variables such as religion, Type of family, area of residence, father's and mother's educational status, Father's and Mother's occupational status, family history of smoking, source of information and the pre test level of knowledge at 0.05 level. For age and monthly income of the family, the calculated chi-square value was 19.66 at df (1) and Chi square value of 10.7 at df (3) respectively and it was significant at 0.05 level. So the H_2 was accepted.

Conclusion

The study findings provide the statistical evidence which clearly indicate that Structured Teaching Programme has significant effect on the level of knowledge in adolescent boys.

IMPLICATIONS OF THE STUDY

Nurses can use the structured Teaching Programme as a best teaching method for imparting the knowledge in adolescents. The present study has several implications in Nursing practice, nursing education, Nursing administration and Nursing Research.

Implications for Nursing Practice:

The nurses can play an important role on imparting preventive health care. Health education conducted by the nursing personnel in the college helps in imparting knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys. Staff Nurses can also educate the adolescent boys who visit the outpatient department or inpatient department and also do screening programme regarding cigarette smoking. This education will help the adolescent boys to understand in-depth about preventive measures of cigarette smoking. Thereby they can adopt healthy life style practices, which help to prevent the disease.

Implications for Nursing Education:

Nursing education should prepare effective future nurses. Active participation of student nurses in conducting educational programmes to provide information regarding ill effects of cigarette smoking and its preventive measures. The nursing curriculum focuses more on the preventive aspect, the nurse must therefore, be prepared to identify the areas of knowledge deficit through the assessment of learning needs of adolescents.

Health information can be impaired through various methods like lecture, incidental teaching and mass media. Several educational strategies can be used to disseminate the health information like lecture, demonstration, flip chart, flash cards and hand out etc, which would make it interesting and helps to gain adequate knowledge. Nurses have to involve themselves in the areas of health practices which helps to lead a healthy life.

Implications for Nursing Administration:

Nurse administrators are responsible to identify the nature of the problem and organize programme related to health promotion to the target people. The study assists the nursing administrative authorities to initiate and carry out health education programme in health care settings.

Nurse administrator can also take the initiative in imparting health information through different effective methods. They have to support and encourage the nursing students to participate in health promotion activities. Individual and group teaching can be arranged for adolescent boys.

Implications for Nursing Research:

Nurses being the major focus in the health care delivery system must take the initiative in conducting research on significant health care problem among the vulnerable groups in community, especially adolescent boys. These researcher will help to prevent mortality and morbidity caused by any preventable illness such as Cancer, heart attack, impotence etc. Nurse researcher can conduct studies to determine the effectiveness of education in terms of cigarette smoking. Most researchers can be done on prevention of

innovative methods of teaching preparation of effective teaching materials, focusing on interest, quality and cost effectiveness.

Limitations of the study

- The study was conducted to only one group of 100 students in a selected Engineering College at Madurai; hence generalization is limited to the population under study.
- The study did not use a control group and there is a threat to internal validity as the investigator had no control over the took place between the pre test and post test.
- Extraneous variables such as exposure to mass media were beyond researcher's control.

Recommendations

- The similar study can be replicated with larger sample with different demographic characteristics.
- The similar study can be done in different settings.
- The comparative study can be conducted to determine the knowledge of different age groups on cigarette smoking.
- The comparative study can be conducted to assess the knowledge of urban and rural adolescents regarding cigarette smoking.
- The similar study can be conducted by using experimental group and control group.
- The similar study can be conducted by using different modalities.

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APPENDIX - I

SECTION A

DEMOGRAPHIC VARIABLES

Instructions: Kindly read the following questions carefully and place a tick mark against the appropriate response in the space provided.

1) Age in years
   a) 17- 18 ( )
   b) 18-19 ( )

2) Religion

   a) Hindu ( )

   b) Christian ( )

   c) Muslims ( )

   d) others ( )

3) Type of family

   a) Joint family ( )

   b) Nuclear family ( )

   c) Extended ( )

4) Area of Residence

   a) Rural ( )

   b) Urban ( )

   c) Semi Urban ( )

5) Father's educational status

   a) illiterate ( )

   b) primary ( )

   c) secondary ( )

   d) diploma/graduate ( )

6) Mother's educational status

a) illiterate ( )

b) primary ( )

c) secondary ( )

d) diploma/graduate ( )

7) Father's Occupation

a) Unemployed ( )

b) Daily wage earner ( )

c) Self employed ( )

d) Government ( )

8) Mother's Occupation

a) Home maker ( )

b) Daily wage earner ( )

c) Self employed ( )

d) Government ( )

9) Monthly income of the family(Rs)

a) 5000- 10000 ( )

b) 10001-15000 ( )

c) 15001-20,000 ( )

d) above 20,001 ( )

10) Family history of smoking

a) Yes ( )

b) No ( )

11) Source of information regarding ill effects of smoking & prevention

a) Health person ( )

b) Parents/ friends/ relatives ( )

c) Mass media ( )

d) No information ( )

PART –II

Instructions: Kindly read the following questions carefully and place a tick mark against the appropriate response in the space provided.

1) What do you mean by Cigarette smoking?

a) Inhalation of gases with burning tobacco

b) Inhalation of gases with nitrous oxide

c) Ingestion of tobacco

d) Ingestion of beetle leaves

Answer: ( )

2) What is considered the addictive component of cigarette smoking?

a) Carbon monoxide
b) Tar
c) Nicotine

None of the above

Answer: ( )

3) The most dangerous gas released in burning tobacco product is

a) Carbon monoxide

b) Carbon dioxide

c) Nitrogen

d) Smog

Answer: ( )

4) When does the initiation phase typically occur?

a) 18 -25 years

b) 25 – 30 years

c) 30 – 35 years

d) Before the age of 18 years

Answer: ( )

5) What populations have the highest percentage of smoking?

a) Low-income levels and medically compromised
b) Minorities and medically compromised
c) Low income e level and those with a general education diploma
d) Minorities and Teens

Answer: ( )

6) Which of the following occurs with addiction?

a) There is sporadic involvement with a substance or activity
b) The substance or behavior is needed to feel normal change
c) It helps establish normal brain function
d) The substance or behavior must produce a negative mood change

Answer: ( )

7) What are the types of tobacco use?

a) Cigarettes
b) Chewing tobacco
c) cigars and pipes
d) All of the above

Answer: ( )

8) Which product is used most?

a) Marijuana
b) Caffeine
c) Alcohol
d) Tobacco

Answer: ( )

9) Which is the most common form of tobacco use

a) Chewing tobacco

b) Snuffing tobacco

c) Smoking tobacco

d) None of the above

Answer: ( )

10) Which of the following statements is true regarding secondhand smoke?S

a) Mainstream smoke is emitted from the burning end of a cigarette

b) Secondhand smoke does not pose any health risks.

c) Side stream smoke is emitted from a smoker's mouth

Children exposed to secondhand smoke are twice as likely to become smokers during adolescence

Answer: ( )

11) When you use cigarette nicotine enter your brain

a) within 5mt

b) within 10 seconds

c) takes more than 1hour

d) takes1-2 mts

Answer: ( )

12) The chemicals in cigarette

a) Can clog a person’s lung and blood vessels

b) Are harmful only if inhaled

c) Have all been removed from smokeless tobacco

d) Are not physically addictive

Answer: ( )

13) What type of Carcinogen seen in cigarette Tar?

a) Benzopyrene

b) Ammonia

c) Butane

d) Acetic acid

Answer: ( )

14) Clove cigarettes contain about how much tobacco?

a) 40%

b) 50%

c) 60%

d) 70%

Answer: ( )

15) People who are using cigarette are at high risk for

a) lung cancer

b) colon cancer

c) heart attack

d) Arthritis

Answer: ( )

16) What is the bumper prize due to smoking?

a) Cancer

b) Heart disease

c) Lung disease

d) Stroke

Answer: ( )

17) What are the top three causes of death due to smoking?

a) Ischemic heart disease, COPD, diabetes

b) Lung cancer, diabetes, periodontal disease

c) Lung cancer, COPD, ischemic heart disease

d) COPD, pancreatic cancer, myocardial infarction

Answer: ( )

18) Smoking can cause all of the following except

a) Increased plaque build –up

b) Irregular heart rhythms

c) decreased platelet adhesiveness

d) decreased oxygen supply to the heart

Answer: ( )

19) Which of the following is NOT a symptom of withdrawal?

a) Sore throat

b) Nausea

c) Chills

d) Severe anxiety

Answer: ( )

20) The first step in recovering from drug addiction to

a) Stop using the drug

b) Admit that you have a problem

c) Go to a treatment center

d) Wait until the drug is completely remove from your body

Answer: ( )

21) What percentage of lung cancer cases occur in nonsmokers

a) 40%
b) Less than 10%
c) 15%
d) 25%

Answer: ( )

22) Withdrawal symptoms can be present

a) within 10minutes
b) 2-3hrs after last use of tobacco
c) within 1 hour
d) after 2 days

Answer: ( )

23) Hundreds of toxins are found in this. It increases the risk of acute respiratory infection, ear infections, and more severe asthma in children, coronary heart disease, and lung cancer. What is this culprit?

a) Smokeless tobacco
b) Cigars
c) Cigarette
d) Second hand smoke

Answer: ( )

24) A condition characterized by leathery white patches inside the mouth produced by contact with irritants in tobacco juice is called

a) Obstructive pulmonary disease
b) Pharyngitis
c) Leukoplakia
d) None of the above

Answer: ( )

25) The excessive use of any drug is called

a) Drug addiction

b) Drug abuse

c) Drug independence

d) Drug tolerance

Answer: ( )

26) How the tobacco can affect the man mentally?

a) Depression and mood swings

b) Tremors

c) Parkinson's disease

d) Alzheimer's disease

Answer: ( )

27) How can we prevent adolescents from smoking?

a) To provide awareness programme

b) Increase tobacco taxes

c) Pictorial display with ill effects

d) All of the above

Answer: ( )

28) How the cigarette smoking affects the adolescents Cognitive development?

a) Irritability

b) Confusion and disorientation

c) More active

d) More Conscious to do his work

Answer: ( )

29) How do we identify the stress of student who smoke?

a) Becoming involved in a new activity

b) Lying about the amount of drug use

c) Regularly missing school with poor performance

d) Both b and c

Answer: ( )

30) What are the preventive measures of smoking in public Places?

a) Display signage on smoking restrictions

b) Pay fine for violation

c) Both a and b

d) Provide private area

Answer: ( )

A semi – structured questionnaire to assess the knowledge regarding ill-effects of cigarette smoking and its prevention

ANSWER KEY

S.NO	ANSWER	S.NO	ANSWER
1	**a**	16	**a**
2	**c**	17	**c**
3	**a**	18	**c**
4	**d**	19	**a**
5	**c**	20	**b**
6	**b**	21	**a**
7	**d**	22	**b**
8	**d**	23	**d**
9	**c**	24	**c**
10	**d**	25	**b**
11	**b**	26	**a**
12	**a**	27	**d**
13	**a**	28	**b**
14	**c**	29	**d**
15	d	30	**c**

பகுதி-1

சுய விபரக் குறிப்புகள்

குறிப்பு: கீழ்கண்டவற்றை கவனமாக படித்து அதற்கு உரிய இடத்தில் ( ) குறியிடவும்.

1. வயது வருடத்தில்

   அ) 17-18 ( )
   ஆ) 18-19 ( )

2. வகுப்பு

   அ) எந்திரவியல் - முதல் வருடம் ( )

   ஆ) எந்திரவியல் - இரண்டாம் வருடம் ( )

3. மதம்

   அ) இந்து ( )

   ஆ) கிறிஸ்தவர் ( )

   இ) முஸ்லீம் ( )

   ஈ) பிற ( )

4. குடும்ப வகை

   அ) கூட்டுக் குடும்பம் ( )

   ஆ) தனிக்குடும்பம் ( )

   இ) விரிவான குடும்பம் ( )

5. குடியிருப்பு

   அ) கிராமம் ( )

   ஆ) நகரம் ( )

   இ) பாதி நகரம் ( )

6. தந்தையின் கல்வித்தகுதி

   அ) படிப்பறிவில்லை ( )

   ஆ) முதல் நிலை கல்வி ( )

   இ) இரண்டாம் நிலை கல்வி ( )

   ஈ) பட்டதாரி ( )

7. தாயின் கல்வித்தகுதி

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ஆ) முதல் நிலை கல்வி ( )

இ) இரண்டாம் நிலை கல்வி ( )

ஈ) பட்டதாரி ( )

8. தந்தையின் தொழில்

அ) வேலையில்லை ( )

ஆ) தினக்கூலி ( )

இ) சுய வேலை ( )

ஈ) அரசு வேலை ( )

9. தாயின் தொழில்

அ) வேலையில்லை ( )

ஆ) தினக்கூலி ( )

இ) சுய வேலை ( )

ஈ) அரசு வேலை ( )

10. குடும்ப வருமானம்

அ) 5000 – 10,000 ( )

ஆ) 10,000 – 15,000 ( )

இ) 15,000 – 20,000 ( )

ஈ) 20,000 க்கும் மேல் ( )

11. குடும்பத்தில் புகைபிடிக்கும் பழக்கம்

அ) உண்டு ( )

ஆ) இல்லை ( )

12. புகைப்பிடித்தலின் விளைவுகள் மற்றும் தடுப்பு முறைகள் பற்றிய விபரம் அறிந்த முறை

அ) சுகாதார உறுப்பினர் ( )

ஆ) பெற்றோர்.்.உறவினர்கள் ( )

இ) ஊடகங்கள ( )

ஈ) விபரம் தெரியவில்லை ( )

பகுதி-1

சுய விபரக் குறிப்புகள்

குறிப்பு: கீழ்கண்டவற்றை கவனமாக படித்து அதற்கு உரிய இடத்தில் ( ) குறியிடவும்.

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   அ) 17-18 ( )
   ஆ) 18-19 ( )

2. வகுப்பு

   அ) எந்திரவியல் - முதல் வருடம் ( )

   ஆ) எந்திரவியல் - இரண்டாம் வருடம் ( )

3. மதம்

   அ) இந்து ( )

   ஆ) கிறிஸ்தவர் ( )

   இ) முஸ்லீம் ( )

   ஈ) பிற மதத்தினர் ( )

4. குடும்ப வகை

   அ) கூட்டுக்குடும்பம் ( )

   ஆ) தனிக்குடும்பம் ( )

   இ) கூட்டுக் குழும குடும்பம் ( )

5. குடியிருப்பு

   அ) கிராமம் ( )

   ஆ) நகரம் ( )

   இ) பகுதி நகரம் ( )

6. தந்தையின் கல்வித்தகுதி

   அ) படிப்பறிவில்லை ( )

   ஆ) முதல் நிலை கல்வி ( )

   இ) இரண்டாம் நிலை கல்வி ( )

   ஈ) பட்டதாரி ( )

7. தாயின் கல்வித்தகுதி

அ) படிப்பறிவில்லை ( )

ஆ) முதல் நிலை கல்வி ( )

இ) இரண்டாம் நிலை கல்வி ( )

ஈ) பட்டதாரி ( )

8. தந்தையின் தொழில்

அ) வேலையில்லை ( )

ஆ) தினக்கூலி ( )

இ) சுய வேலை ( )

ஈ) அரசு வேலை ( )

9. தாயின் தொழில்

அ) வேலையில்லாமை ( )

ஆ) தினக்கூலி ( )

இ) சுய வேலை ( )

ஈ) அரசு வேலை ( )

10. குடும்ப வருமானம்

அ) 5000 – 10,000 ( )

ஆ) 10,000 – 15,000 ( )

இ) 15,000 – 20,000 ( )

ஈ) 20000க்கும் மேல் ( )

11. குடும்பத்தில் புகைபிடிக்கும் பழக்கம்

அ) உண்டு ( )

ஆ) இல்லை ( )

12. புகைப்பிடித்தலின் விளைவுகள் மற்றும் தடுப்பு முறைகள் பற்றிய விபரம் அறிந்த முறை

அ) சுகாதார உறுப்பினர் ( )

ஆ) பெற்றோர்/உறவினர்கள் ( )

இ) ஊடகங்கள் ( )

ஈ) விபரம் தெரியவில்லை ( )

பகுதி–II

குறிப்பு: கீழ்கண்டவற்றை கவனமாக படித்து அதற்கு உரிய இடத்தில் குறியிடவும்.

1) புகைப்பிடித்தல் என்றால் என்ன? புகைப்பிடித்தல் பற்றி என்ன நினைக்கிறீர்கள்?

அ) எரியும் புகையிலையில் இருந்து வரும் வாயுவை சுவாசித்தல்

ஆ) நைட்ரஸ் ஆக்சைடு வாயுவை சுவாசித்தல்

இ) புகையிலையை உட்கொள்ளுதல்

ஈ) வெற்றிலையை உட்கொள்ளுதல்

விடை:( )

2) புகைப்பிடித்தலை அடிமையாக்கும் புகையிலையில் உள்ள உட்பொருட்கள் யாது? புகைபிடித்தலில் எந்த உட்பொருள், புகைபிடித்தலை அடிமையாக்குகிறது?

அ) கார்பன் மோனாக்சைடு

ஆ) தார்

இ) நிக்கோட்டின் (நிகோடின்)

ஈ) இவைகளில் எதுவும் இல்லை

விடை:( )

3) புகைப்பிடித்தலில் எந்த அபாயகரமான வாயு வெளியேற்றப்படுகிறது?

அ) கார்பன் மோனாக்சைடு

ஆ) கார்பன் - டை – ஆக்சைடு

இ) நைட்ரஜன்

ஈ) புகை

விடை:( )

4) சாதாரணமாக எப்பொழுது புகைப்பிடித்தலில் தொடக்கநிலை ஏற்படுகிறது?

அ) 18 – 25வயதில்

ஆ) 25 – 30 வயதில்

இ) 30 – 35 வயதில்

ஈ) 18 வயதுக்கு முன்

விடை:( )

5) எந்த வகையான மக்கள் பிரிவு அதிகமான விதத்தில் புகைப்பிடிக்கும் பழக்கத்தைக் கொண்டுள்ளது?

அ)குறைந்த குடும்ப வருமானம் மற்றும் நோயுற்றோர்

ஆ)தாழ்த்தப்பட்ட சமூகத்தினர் மற்றும் நோயுற்றோர்

இ) குறைந்த குடும்ப வருமானம் உடைய பட்டயப்படிப்பு பயின்றவர்

ஈ) தாழ்த்தப்பட்ட வகுப்பைச் சார்ந்த இளம் வயதினர்

விடை:( )

6) புகைப்பிடித்தலுக்கு அடிமையாகும் போது நடைபெறுவது யாது?

அ) லாகிரிவஸ்துக்கள் மற்றும் இடையிடையே உாயோகிப்பவர்

ஆ) இயல்பாக ஏற்படும் மாற்றத்தை உணர்வதற்கு லாகிரி வஸ்துக்கள் மற்றும் பழக்க வழக்கங்கள் தேவைப்படுதல்.

இ) மூளை செயல்பாடுகளை உருவாக்க உதவி செய்தல்

ஈ) இயல்பான மூளையின் வேலைக்கு உதவுதல்

உ) உபயோகிக்கும் லாகிரி வஸ்துக்கள் அல்லது பழக்க வழக்கங்கள் கட்டாயம் எதிர் மறையான மனமாற்றத்தை ஏற்படுத்த வேண்டும்

விடை:( )

7) புகையிலையின் வகைகள் யாவை?

அ) புகையிலை (இலை)

ஆ) மென்று தின்னும் புகையிலை

இ) புகைக்கிண்ணம் மற்றும் புகைக்குழல்

ஈ) மேற்கண்ட யாவும்

விடை:( )

8) கீழ்கண்டவற்றுள் எவை அதிகமாக பயன்படுத்தப்படுகின்றன?

அ) கஞ்சா

ஆ) கா.ஃபின் என்ற காபியின் உட்பொருள்

இ) ஆல்கஹால்

ஈ) புகையிலை

விடை:( )

9) மிகவும் பரவலாக பயன்படுத்தப்படும் புகையிலை எது?

அ) மெல்லும் புகையிலை

ஆ) மூக்குத்தூள் புகையிலை

இ) புகைக்கும் புகையிலை

ஈ) மேற்கண்ட எதுவும் இல்லை

விடை:( )

10) இரண்டாம் நிலை புகைப்பிடித்தலை பற்றி கீழ்கண்ட கூற்றுகளில் எது உண்மையானது?

அ) சிகரெட் பிடிப்பதனால் வெளியேறும் புகை சுற்றுச்சுழலில் இருக்கும்

ஆ) இரண்டாம் நிலை புகைப்பிடித்தல் எந்த உடல்நிலை அபாயகரத்தைக் காண்பிக்கவில்லை

இ) புகையாளர்கள் வாயிலிருந்து வெளிவிடும் புகை பக்கங்களில் பரவி இருக்கிறது

ஈ) இரண்டாம் நிலைப் புகைப்பிடித்தலில் வெளிப்படும் குழந்தைகள் அவர்களின் வளர் இளம் பருவத்தில் 12 மடங்கு புகையாளர்களாக உருவாகின்றனர்

விடை:( )

11) எப்பொழுது புகையிலையில் உள்ள நிக்கோட்டின் மூளையை அடைகிறது?

அ) 5 நிமிடத்திற்குள்

ஆ) 10 நிமிடத்திற்குள்

இ) 1 மணி நேரத்திற்கு மேல்

ஈ) 1 – 2 மணி நேரம்

விடை:( )

12) புகையிலையின் உள்ள வேதிப்பொருட்களின் செயல் யாது?

அ) மனிதனின் நுரையீரல் மற்றும் இரத்தக்குழாயை அடைகின்றது

ஆ) சுவாசிக்கும் போது தீய விளைவுகளை ஏற்படுத்துகிறது

இ) புகையில்லா புகையிலையில் இருந்து வேதிப்பொருட்கள் முற்றிலும் நீக்கம் செய்யப்பட்டுள்ளது.

ஈ) உடலளவில் அடிமை நிலைக்கு உட்படுத்தாது.

விடை:( )

13) புற்றுநோயை உருவாக்கும் எந்த வேதிப்பொருள் சிகரெட் தாரில் உள்ளது?

அ)பென்சோபைரின்

ஆ) அம்மோனியா

இ) புயூட்டேன்

ஈ) அசிட்டிக் அமிலம்

விடை:( )

14) லவங்க சிகரெட்டில் எவ்வளவு புகையிலை வேதிப்பொருட்கள் உள்ளது?

அ) 40%

ஆ)50%

இ)60%

ஈ) 70%

விடை:( )

15) புகையிலை பயன்படுத்துவதால் மிகவும் அதிகமாக ஏற்படும் விளைவுகள் யாவை?

அ) நுரையீரல் புற்றுநோய்

ஆ) குடல் புற்றுநோய்

இ) இருதய அடைப்பு

ஈ) மூட்டுவலி

விடை:( )

16) புகைப்பிடிப்பதினால் கிடைக்கும் சிறப்பு பரிசு என்ன?

அ) புற்று நோய்

ஆ) இருதய நோய்

இ) நுரையீரல் நோய்

ஈ) வாதம்

விடை:( )

17) புகைப்பிடிப்பதினால் ஏற்படும் இறப்புக்குரிய மூன்று முக்கிய நோய்கள் யாவை?

அ) இருதய இரத்தநாள சுருக்கநோய் நுரையீரல், அடைப்பு சர்க்கரை நோய்

ஆ) நுரையீரல் புற்று நோய், சர்க்கரை நோய், பல நோய்

இ) நுயீரல் புற்று நோய், நுரையீரல், அடைப்பு, இருதய இரத்தநாள சுருக்கநோய்

ஈ) நுரையீரல், அடைப்பு,கணையம் புற்று நோய், இருதய அடைப்பு

விடை:( )

18) கீழ்கண்டவற்றுள் ஒன்றைத் தவிர எவை புகைபிடித்தலினால் உருவாகாது?

அ) அதிகக் கறைகள் உருவாகிப் பற்களில் படிதல்

ஆ) ஒழுங்கற்ற நாடித்துடிப்பு

இ) இரத்தத்தட்டுகளின் ஒட்டும் தன்மை குறைதல்

ஈ) இருதயத்திற்கு குறைந்த பிராணவாயு செல்லுதல்.

விடை:( )

19) கீழ்கண்டவற்றுள் எவை புகைப் பழக்கத்தை கைவிடும் பொழுது ஏற்படும் அறிகுறி இல்லை?

அ) தொண்டை புண்

ஆ) குமட்டுதல்

இ) குளிர் நடுக்கம்

ஈ) மோசமான பயம்

விடை:( )

20) போதை பழக்கத்திலிருந்து விடுபடுவதற்கான முதல்நிலை

அ) மருந்து பயன்படுத்துவதை நிறுத்துவது

ஆ) பிரச்சனை ஏற்படும் பொழுது மருத்துவமனைக்கு செல்லுதல்

இ) சிகிச்சை மையத்திற்குச் செல்லுதல்

ஈ) உடலிலிருந்து முழுவதுமாக மருந்து வெளியேறும் வரை காத்திருத்தல்

விடை:( )

21) புகைப்பழக்கம் இல்லாதவர்களுக்கு எத்தனை சதவீதம் நுரையீரல் புற்றுநோய் வரக்கூடும்

அ) 40%

ஆ) 10%க்கும் குறைந்த

இ) 15%

ஈ) 25%

விடை:( )

22) புகைப்பழக்கத்தை கைவிடும் பொழுது எந்த கால அளவிற்குள் அறிகுறிகள் தோன்றும்?

அ) புகைபிடித்தலை கைவிட்டு 10 நிமிடத்திற்குள் ஏற்படும்

ஆ) புகையிலை பிடித்தபின் 2-3 மணி நேரம் கழித்து

இ) 1 மணி நேரத்திற்குள்

ஈ) இரண்டு நாட்களுக்கு பிறகு

விடை:( )

23) நூறு வகையான நச்சுப்பொருட்கள் உள்ளது இது நுரையீரல் தொற்று, காதுத் தொற்று மற்றும் குழந்தைகளுக்கு தீவிரமான ஆஸ்துமாவையும், இருதய இரத்த நாள நோய் மற்றும் நுரையீரல் புற்று நோயையும் உண்டாக்குகிறது எது?

அ) புகையில்லா புகையிலை

ஆ) சுருட்டு

இ) சிகரெட்

ஈ) இரண்டாம் நிலை புகை

விடை:( )

24) புகையிலை திரவத்தினால் வாயில் ஏற்படும் சவ்வு போன்ற வெள்ளை நிற படலம் எவ்வாறு அழைக்கப்படுகின்றன?

அ) நுரையீரல் அடைப்பு

ஆ) தொண்டைப்புண்

இ) லுக்கோ பிளோக்கியா வெள்ளைப்படலப்புண்

ஈ) எதுவுமில்லை

விடை:( )

25) அளவுக்கு அதிகமாக நிவாரணிகளை உபயோகிப்பதின் பெயர் என்ன?

அ) நிவாரணிகளுக்கு அடிமையாதல்

ஆ) நிவாரணிகளை உபயோகியாமை

இ) நிவாரணிகளற்ற வாழ்க்கை

ஈ) நிவாரணிகளை உள்வாங்குதல்

விடை:( )

26) புகையிலை மூளைச்செயல்பாட்டை எவ்வாறு பாதுகாக்கிறது?

அ) மனச்சோர்வு மற்றும் மனமாற்றங்கள்

ஆ) நடுக்கம்

இ) மூளைச் சோர்வு நோய்

ஈ) மறதி நோய்

விடை:( )

27) புகையிலை பழக்கத்திலிருந்து இளம் வயதினரை எவ்வாறு தடுக்க முடியும்?

அ) விழிப்புணர்வு கொடுத்தல்

ஆ) புகையிலைக்கு வரியை அதிகப்படுத்துதல்

இ) புகையிலை பற்றிய அபாய விளைவுகளை வரைபடத்தின் மூலம் தெளிவாக்குதல்

ஈ) மேற்கண்ட அனைத்தும்

விடை:( )

28) புகைப்பிடித்தலினால் இளம் வயதினர் அறிவுத்திறன் வளர்ச்சியில் எவ்வாறு பாதிக்கப்படுகின்றனர்?

அ) எரிச்சலடைதல்

ஆ) குழப்பம் மற்றும் தன்னிலை அறியாமை

இ) சுறுசுறுப்பாக இருத்தல்

ஈ) தானே தன் வேலையை செய்தல்

விடை:( )

29) புகைப்பிடிக்கும் மாணவர்களின் மன அழுத்தம் எவ்வாறாக அமையும்?

அ) புதிய வேலைகளில்ஈடுபட ஆர்வம் கொள்வது

ஆ) மருந்து பயன்படுத்தும் அளவினை பற்றி பொய் கூறுதல்

இ) பள்ளிக்கு செல்லாதிருத்தல் மற்றும் தேர்ச்சி பெறாமை

ஈ) ஆ மற்றும் இ இரண்டும்

விடை:( )

30) பொது இடங்களில் புகைப்பிடிப்பதை தடுப்பதற்கான வழிமுறைகள் என்ன?

அ) புகைப்பிடித்தல் பற்றிய விழிப்புணர்வை பலகைகளில் படத்துடன் காட்டுதல்

ஆ) எச்சரிக்கையை மீறும் போது அபராதம் விதித்தல்

இ) அ மற்றும் ஆ இரண்டும்

ஈ) புகைப்பிடித்தலுக்கு தனி இடம் ஒதுக்குதல்

விடை:( )

APPENDIX - II

LESSON PLAN

ON

ILL EFFECTS OF CIGARETTE SMOKING

AND ITS PREVENTION

Guided by:

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II Yr M.Sc (N)

As a part of dissertation submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI.

TOPIC	:	CIGARETTE SMOKING
GROUP	:	ADOLESCENT BOYS
PLACE	:	St.FATIMA MICHAEL COLLEGE OF ENGINEERING AND TECHNOLOGY
DURATION	:	45 MINUTES
METHOD OF TEACHING	:	LECTURE CUM DISCUSSION
PREVIOUS KNOWLEDGE	:	BASIC KNOWLEDGE REGARDING ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION AMONG ADOLESCENT BOYS
TEACHING AIDS	:	LCD

General Objectives;

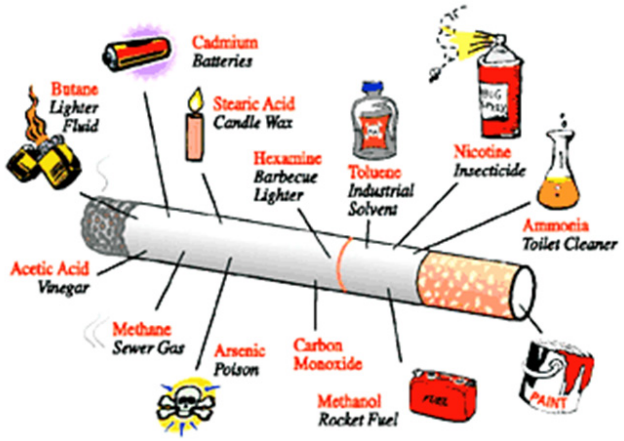
At the end of the teaching adolescent boys acquired adequate knowledge regarding ill effects of cigarette smoking and its prevention

Specific objectives:

At the end of the sessions the students will be able to

- define cigarette smoking
- mention the compounds in cigarette
- enumerate the factors influencing the use of cigarette smoking
- list out the type of smokers
- list down the type of tobacco
- describe the causes of cigarette smoking
- identify the general signs and symptoms of cigarette smoking
- explain the pathophysiology of nicotine action in the body
- identify the general signs and symptoms of cigarette smoking
- list down the ill effects of cigarette smoking as per system
- explain the prevention of smoking behavior in adolescents

TIME	SPECIFIC OBJECTIVES		TEACHING LEARNING ACTIVITIES	AUDIO VISUAL AIDS	EVALUATION
1mt	Introducing the topic	**INTRODUCTION** Tobacco is a leafy plant grown around the world including in parts of the United Sates. There are many chemicals found in tobacco or created by burning it (as in cigarettes), but nicotine as tar, carbon monoxide, acetaldehyde and nitrosamines, also can cause harm to the body. One person dies every 5mts from smoking, so to prevent such kind of morbidity and mortality due to smoking, there is need to create awareness among people about the risk and ill effects of smoking. In India it is more prevalence in Youth. The parents and educators can help to smokers by teaching them about the ill effects of smoking at every stage. To provide treatment to patients dependent upon tobacco, the following diagnostic codes can be used. It can be found in the ICD- cm under the section of mental disorder (290-319) 305. Tobacco use disorder.	Teacher introduce the topic	LCD	
2mts	Describe the definition	**DEFIINITION** Cigarette Smoking is defined as the inhalation of the gases and hydro carbon vapors' generated by slowly burning tobacco in cigarette.	Teacher: define the cigarette	LCD	What is the definition of cigarette smoking?

2mts	explain the compounds of cigarette	Cigarette smoking is addictive and is considered more dangerous than pipe or cigar smoke because it is less irritating and therefore more likely to be inhaled. **MAIN COMPOUNDS IN CIGARETTE SMOKE** Cigarette smoke contains over 4000 different compounds. A significant number of them are toxic (poisonous) and can damage our cell. The most abundant ones, tar, nicotine and carbon monoxide  	smoking Learner: active listening. Teacher: Explain the compounds of cigarette. Learner: active listening Learner: active listening	LCD	What are the compounds of cigarette ?

3 min		**Tar** This is the collective term for the various particles suspended in tobacco smoke. The particles contain chemicals, including several cancer causing substances (carcinogens).Tar is sticky and brown and stains teeth, finger nails and lung tissue. Tar contains the carcinogen benzopyrene**.** **Carbon monoxide:** This colorless gas is fatal in large doses because it takes the place of oxygen in the blood. Each red blood cell contains a protein called hemoglobin that transport oxygen molecules account the body. However carbon monoxide binds the hemoglobin better than oxygen. In response the body makes more blood cells to carry the oxygen it needs, but it makes the blood thicker. This means that when the body demands more oxygen during exercise , less oxygen reaches the brain and heart muscles. **Hydrogen cyanide:** The lungs contain tiny hairs (cilia)that help to clean the lungs by moving foreign substances out Hydrogen cyanide stop this lung clearance system from working properly, which means the poisonous chemicals in tobacco smoke can build	Teacher: explain Learner: active listening	LCD	

3 min		inside the lungs. Other chemicals in smoke that damage the lungs include hydrocarbons, nitrous oxide, organic acid phenols and oxidizing agents. **Oxidising Chemicals:** Highly reactive chemicals which include (free radicals) can damage the heart muscles and blood vessels. They react with cholesterol, leading to the build-up of fatty material on artery walls. **Acetaldehyde:** This chemical is used in solvents. It irritates the eyes , nose, and throat. Long term exposure can damage the liver and the kidney. **Formaldehyde:** Part of the resin used in foam insulation plywood fiber board and particle board. It can cause nasal cancer, as well as damaging the digestive system, skin and lungs. **Nicotine:** This is most carcinogenic. However it is highly	Teacher: Pointing outing Learner: taking notes.	LCD	

		addictive. Smokers find it very hard to quit because they are hooked on the nicotine. Nicotine is an extremely fast acting drug. It reaches the brain within 15 seconds of being inhaled. Exposure to sufficient amount can lead to vomiting, seizures depression of the CNS and the growth retardation. It can also undermine a fetus proper development. **Ammonia:** It is known to cause asthma and raise blood pressure. **Benzene:** It is used in Gasoline, causes several cancers, including leukemia. **Hydrogen Cyanide:** It weakens the lungs and causes the fatigue, headache and nausea. It is used in the production of acrylic plastics and resins and fumigant. **Lead:** It damages the nerves in the brain, as well as the kidneys and the human reproductive system. Lead intake can also cause stomach problems and anemia. It is a known carcinogen and is particularly toxin to		LCD	

3mt	Enumerate the factors influencing cigarette smoking	children. Lead is used in paint and metal alloys. **FACTORS INFLUENCING USE OF CIGARETTE SMOKING** ❖ Social and physical environment ❖ Tobacco advertising g and in movies ❖ Small social groups ❖ Cognitive and affective processes (Eg. Depression, anxiety and stress) ❖ Biological and genetic factor ❖ To maintain body image ❖ Lack of skills to resist influences to tobacco use. ❖ Low Lack of parental support or) involvement ❖ Accessibility, availability and price of tobacco products. ❖ Low level of academic achievements. ❖ self image and self esteem ❖ Exposure to tobacco advertising ❖ Aggressive behavior (Eg.fighting, carrying weapon)	Teacher: enumerating Learner: taking notes.	LCD	What are the factors influencing cigarette smoking?

2 min 5mt	List out the type of smokers List down the type of tobacco	**TYPES OF SMOKERS:** 1)<u>Habitual Smoker</u> Smoking is the second nature for this group. You need a cigarette with morning tea and you need it at bed time. 2)<u>Addicted smoker</u> A person has formed an uncontrollable dependence on cigarette to the point where stopping smoking cause severe emotional, mental or physical reactions. 3)<u>Chain smoker</u> It is used to describe a person who smokes relatively, constantly, not necessarily chaining each cigarette. **TYPES OF TOBACCO** Mainly there are two types of tobacco products. They are a) Smoking tobacco b) Chewing tobacco **Smoking types of Tobacco** There is no safe form of tobacco use. All forms contain nicotine and can cause addiction and health problems.	Teacher: list out Learner: Listening . Teacher: explaining the	LCD LCD	What are the types of smokers? What are the types of tobacco?

		Bidis: Bides (pronounced"bee-dees) are small, thin, hand rolled cigarette imported to the United States primarily from India and Southeast Asian Countries. It consists of tobacco wrapped in a tendu or tembuni leaf and may be secured with a colourful string at one or both ends.Bidis can be flavored (eg.Chocolate, cherry, mango) or unflavored. Bidi smoking is associated with an increased risk for oral. lung , stomach and oesophageal cancer and an increased risk for coronary heart disease and heart attacks and risk for chronic bronchitis. **Cigarettes:** A cigarette is a combination of cared and finely cut tobacco, reconstituted tobacco and other additives rolled or stuffed into a paper wrapped cylinder. Many cigarettes have a filter on one end. Smoking cigarettes causes cancer of the bladder, oral cavity, pharynx, larynx (voice box) esophagus, cervix, kidney, lung, pancreas and stomach and causes acute myeloid leukemia. It also causes heart disease and stroke.	types Learner; active listening. Teacher: explain Learner; active listening.	LCD	What are the types of smoking tobacco?

5mt		**Cigar, Cigarillos and little cigars.** Most cigars are made up of a single type of air-cured or dried tobacco. Cigar tobacco leaves are first aged about a year and then fermented in a multi-step process that can take from 3 to 5 months. Fermentation causes chemical and bacterial reactions that change the tobacco. This is what gives cigars a different task and smell from cigarettes. Regular cigars are larger than cigarettes and do not have a filter. Little cigars or cigarillos are very similar in size and shape of cigarettes, have filters are filled with pipe tobacco. Little cigars are often flavored (eg.Chocolate, cherry, apple mango).They are sold in packs of 20 just like cigarettes or singly Cigar contains higher level of nicotine than cigarettes. For those cigar smokers who inhale, the nicotine is absorbed through the lungs as quickly as it is with cigarettes. Cigar smoking is linked to cancers of the mouth, lips, tongue, throat, larynx, lung, pancreas and bladder cancer. Cigar smoking, like cigarette smoking is also linked to gum disease, where the gums shrink away from the teeth. It also raises your risk that teeth will acutely fall out.			

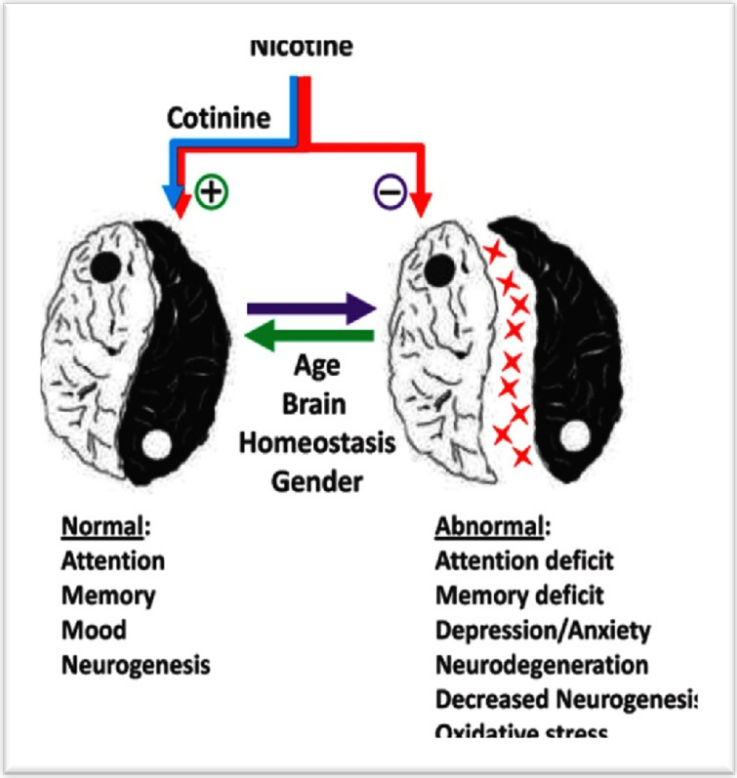
		Hookah: Hookah is a pipe used to smoke shisha, a combination of tobacco and fruit or vegetables that is heated and the smoke is filtered through water. The Hookah consists of ahead, body, water bowl and hose. The tobacco or shisha is heated in the hookah usually using Charcoal. According to WHO, a typical 1 hour session of hookah smoking exposes the user to 100 to 200 times the volume of smoke inhaled from a single cigarette. Hookah smoking has been associated with lung , mouth and other cancers, heart diseases and respiratory infections. Sharing the mouth piece of the hookah has been associated with mouth and other infections including herpes, tuberculosis and hepatitis. Hookah smoking is no safer than other forms of tobacco use. **Kreteks** : Are imported from Indonesia and typically contain a mixture consisting of tobacco, cloves and other additives. As with bidis, standardized machine smoking analyses indicate that kretek deliver more nicotine , carbon monoxide, and tar than conventional cigarette.	Teacher; list out the smoking tobacco Learner; active	LCD	

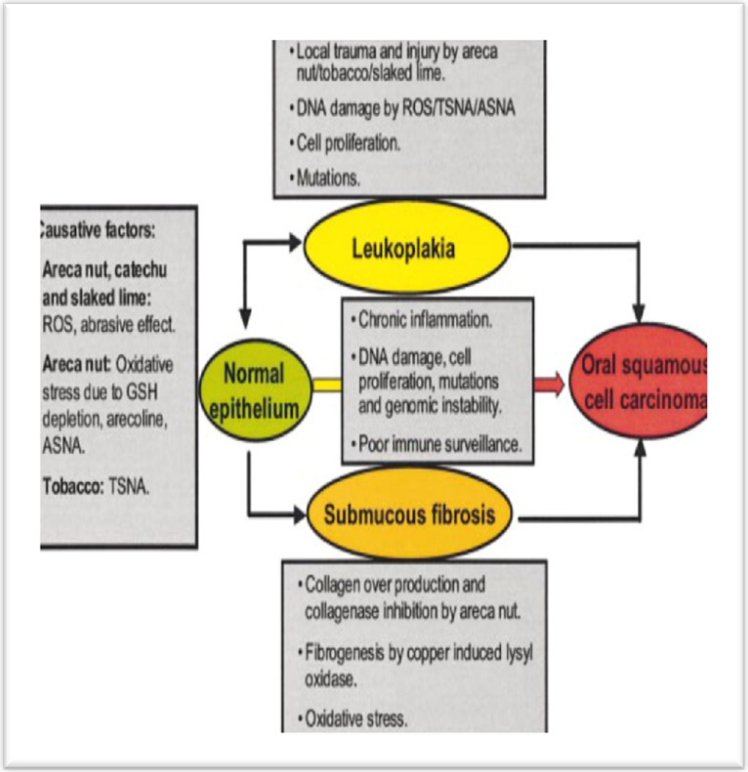
		Kretek smoking is associated with an increased risk fo lung injury, especially among susceptible individuals with asthma or respiratory infections. Kretek smokers have 13-20 times the risk for abnormal lung function compared with non- smokers. **Pipe:** **P**ipes are often reusable and consist of a chamber or bowl, stem and Mouthpiece. Tobacco is placed into the bowl and lit. The smoke is than drawn through the stem mad mouthpiece and inhaled. Pipe smoking has been shown to cause gun disease and tooth loss, cancer of the mouth, lip, tongue, throat, larynx, lung, pancreas, kidney, bladder, colon and cervix as well as leukemia and diseases such as chronic obstructive Lung diseases stroke and coronary heart diseases. Pipe smoking can also cause "hairy tongue", stained by tobacco making the tongue look discoloured or black. **Electronic Cigarette or E- cigarette** The e- cigarette is a battery-powered device that contains a cartridge filled with nicotine flavor and other chemicals. The e-cigarette is not a tobacco product but a nicotine delivery system. The e-cigarette turns the nicotine and other chemicals into a	listening.		

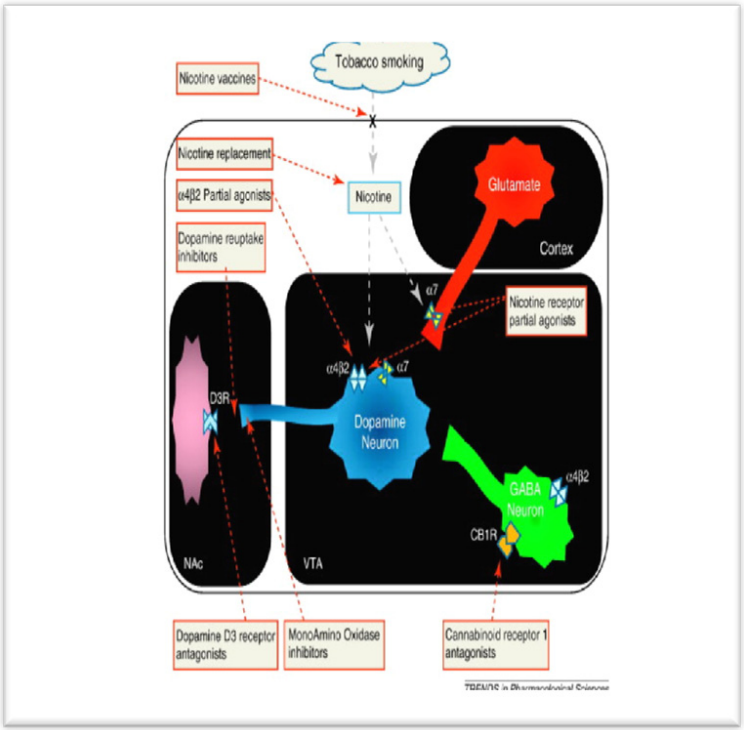
5mt	Explain the nicotine action in the body	vapour that is then inhaled by the user. The user will puff on it, similar to a cigarette and received a vaporized solution of propylene glycol/nicotine. The e- cigarette often looks like a real cigarette and have some glowing tip. Refillable and replaceable catridges are available with different nicotine flavours such as menthol, cherry, chocolate mint and orange. **PATHOPHYSIOLOGY** **<u>Smoking affect the heart:</u>** Nicotine in cigarette smoke causes catecholamine to release and increased heart rate, peripheral vaso-constriction and increased blood pressure that leads to cause cardiac workload to increase and it results clogging of arteries in the heart. Clogged arteries cause heart attacks and can cause death.	Teacher: explain the nicotine action Learner: Listening	LCD	How the nicotine act in various organs?

		Smoking affect in the lungs: Cigarette smoking → Hyperplasia of goblet cells ↓ Decreased ciliary activity and loss of ciliary cell Increased the production of mucus ↓ Decreased the airway diameter ↓ Difficulty in clearing secretion ↓ Airway obstruction	Teacher: explain the nicotine action Learner: Listening	LCD	

2mt	Explain the Nicotine action in the brain	Many cells develop large, atypical nucleus, which is considered a precancerous condition. After one year of smoking changes in small airway function can develop. In the earlier stages, these changes are mostly inflammatory cells. In later stages, however, peribronchiolar fibrosis is present. These inflammatory changes in small airways can be reversed with smoking cessation atleast in the younger person. **Nicotine action in Brain** Nicotine binds to nicotinic receptors and leads to release of dopamine at neuronal synapses in the nucleus acumens of the brain. It takes about 10 seconds for inhaled nicotine to reach the brain and start having its effects.	Teacher; explain the nicotine action Learner; active listening.		

		 Nicotine Cotinine Age Brain Homeostasis Gender Normal: Attention Memory Mood Neurogenesis Abnormal: Attention deficit Memory deficit Depression/Anxiety Neurodegeneration Decreased Neurogenesis			

		 • Local trauma and injury by areca nut/tobacco/slaked lime. • DNA damage by ROS/TSNA/ASNA • Cell proliferation. • Mutations. Causative factors: Areca nut, catechu and slaked lime: ROS, abrasive effect. Areca nut: Oxidative stress due to GSH depletion, arecoline, ASNA. Tobacco: TSNA. Leukoplakia Normal epithelium • Chronic inflammation. • DNA damage, cell proliferation, mutations and genomic instability. • Poor immune surveillance. Oral squamous cell carcinoma Submucous fibrosis • Collagen over production and collagenase inhibition by areca nut. • Fibrogenesis by copper induced lysyl oxidase. • Oxidative stress.			


Tobacco smoking
Nicotine vaccines
Nicotine replacement
α4β2 Partial agonists
Dopamine reuptake inhibitors
Nicotine
Glutamate
Cortex
α7
Nicotine receptor partial agonists
α4β2
α7
D3R
Dopamine Neuron
GABA Neuron
α4β2
CB1R
NAc
VTA
Dopamine D3 receptor antagonists
MonoAmino Oxidase inhibitors
Cannabinoid receptor 1 antagonists

2mt 5mt	Identify the general signs and symptoms of cigarette smoking List down the ill effects of cigarette smoking system wise	**General signs and symptoms of Cigarette Smoking**: ➢ A person actually smoking a cigarette in public view ➢ Nicotine stained fingers and teeth ➢ The characteristic smell of smoke impregnated clothing and household items ➢ Chronic "smokers cough ➢ The gravelly voice ➢ Often the visible pack of cigarette and lighter in a persons pocket or purse. **Ill Effects of Smoking:** **Central Nervous System:** Risk of macular degeneration Cataract Poor eye sight **Respiratory system:** Respiratory infection, cold and flu Emphysema , Bronchitis COPD Risk of lung cancer **Cardio Vascular System:** Constricted blood vessels Too much clotting	Teacher: explain the signs and symptoms Listener Listening Teacher: explain the effects of cigarette smoking Listener Listening		What are the General signs and symptoms of cigarette smoking? What are the ill effects of cigarette smoking?

		- High cholesterol - Heart disease **Metabolic disorder**: - Blood Cancer (acute Myeloid Leukemia) **Gastro Intestinal System:** - Oropharynx cancer - Larynx cancer - Liver cancer - Stomach cancer - Pancreas cancer - Oesophagus cancer **Genito-Urinary System**: - Bladder cancer - Colon and Rectum cancer **Reproductory System**: In case of female - Problem with pregnancy - Problem for new born - Early menopause - Increased risk of cancer of cervix - Infertility			

		- Menstrual Cycle irregularities **In case of male** - Infertility - Erectile dysfunction - Lower sperm count **Immune System** - Rheumatoid arthritis **Integumentary system**: - Wrinkly skin - Yellow finger - Smelly Hair **Psychological Effects** - Depression - Irritability - Mood swings - Anxiety - Attention deficit - Memory deficit **How to prevent the smoking behavior in adolescence:** ❖ To provide tobacco prevention education program.			What are the preventive measures of cigarette smoking in adolescents?

5mt	Describe the prevention of smoking behavior in adolescents	▪ Promote students knowledge of tobacco hazard ▪ Promote anti-smoking attitude in adolescence ❖ Smoke free air law restricting smoking in public places ▪ Preventing or stopping persons from smoking inside or near entrance ways / exits of their establishment ▪ Displaying signage on smoking restrictions thoughout their establishment. ▪ Ensuring that ashtrays, matches and lighters ▪ If they violate the rules they shall be liable to pay fine. ▪ Increase tobacco taxes ▪ Reduce the availability ▪ Increase availability of tobacco health/information to the general public ▪ Decrease exposure to second hand smoke ▪ Stay away from social situation that prompt you smoke ▪ To avoid occasional smoking ▪ Do not addict to peer pressure ▪ Never receive the free puff ▪ Share your feelings and stress to nearest person.			

		▪ Do not spend money for occasional treat. ▪ Pictorial health warning on tobacco products ▪ Take a decision , never take a cigarette by hand ▪ Don't allow others to smoke in your house. ▪ Health warning include (smoking kills or tobacco kills) ▪ Starting tobacco cessation centre at District level ▪ Launching a IEC/Mass Media Campaign ▪ Awareness programmes through various communication mediums ▪ Effective enforcement of ban or visible stoking of tobacco products at point of sale to present easy access to minors ▪ Ban on tobacco advertising ▪ Ban on sale to minus and within to yards of educational institution. **Conclusion** At the end of the teaching adolescent boys gain good knowledge regarding ill effects of cigarette smoking and also give assurance to say 'No' to free-puff and peer pressure.			

புகைப்பிடித்தலின் விளைவுகள் மற்றும் தடுப்பு முறைகள்

முன்னுரை

புகையிலை என்பது ஐக்கிய நாடுகளின் சில பகுதிகள் உட்பட உலகளவில் கிடைக்கின்ற இலைத்தாவரமாகும்.இப்புகையிலை பல வேதிப்பொருட்களை உள்ளடக்கியுள்ளது.அவ்வேதிப்பொருட்கள் எரிவதின் மூலம் உருவாகின்றன.(சிகரெட்டில் பயன்படுதல்) புகையிலையில் உள்ள நிகோடின், கார்பன் மோனாக்ஸைடு, அசிட்டால்டிஹைடு மற்றும் நைட்ரோசமின் போன்ற வேதிப்பொருட்கள் உடலிற்கு தீங்கு விளைவிப்பவை ஆகும். புகைப்பிடித்தலின் விளைவாக ஒவ்வொரு ஐந்து நிமடத்திற்க்கும் ஒரு மனிதன் என இறப்பு விகிதம் ஏற்படுகின்றது.புகைப்பிடித்தலின் விளைவாக ஏற்படும் நோய்நிலைமை மற்றும் இறப்பினை தடுப்பதற்காக, புகைப்பதனால் ஏற்படும் நோயின் காரண்ங்கள் மற்றும் நோய் வாய்ப்படும் நிலைமையை பற்றி மக்களிடையே விழிப்புணர்வை ஏற்படுத்த வேண்டிய தேவை ஏற்பட்டுள்ளது.இந்தியாவில் புகைப்பிடிக்கும் படிக்கும் இளைஞர்களிடையே பரவலாகக் காணப்படுகின்றது.பெற்றோர்கள் மற்றும் கல்வியாளர்கள் புகைப்பிடிப்பதனால் ஏற்படும் தீமைகளை புகைப்பிடிப்பவர்களுக்கு ஓவ்வொரு நிலையிலும் எடுத்துரக்க வேண்டும். புகையிலை பழக்கத்திற்க்கு அடிமையான (சார்ந்த) நோயாளிகளுக்கு சிகிச்சை உள்ளது.இக்குறியீடுகள் மனநோய் குறைப்பாடுகள் (290-319) 305 என்ற பிரிவின் கீழ், ஐசிடி – சிஎம் (ICD – CM) ல் புகையிலை உபயோகிப்பதனால் ஏற்படும் குறைகள் என வரையறுக்கபட்டுள்ளது.

வரையறை

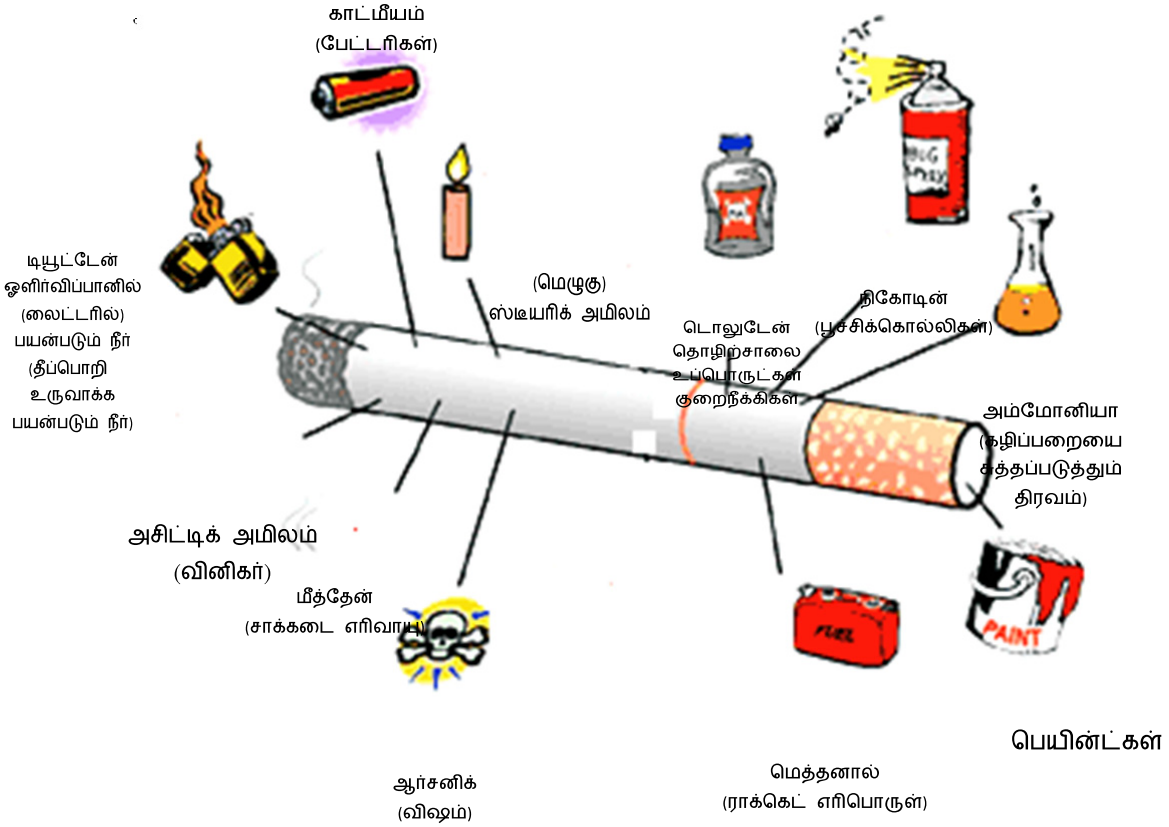
புகைப்பிடித்தல் என்பது புகைப்பானில் பயன்படுத்தும் புகையிலை மெதுவாக எரிந்து உருவாகும் வாயுக்கள் மற்றும் ஹைட்ரோ கார்பன் (நீர்ம கரித்தூள்) நீராவியை (நீர்மதுளிகளை) நுரையீரல் வழியாக உட்கிரகித்தல் ஆகும்.(இங்கிருந்து புகைப்பான் என்ற வார்த்தையாக இப்பாடத்தில் உபயோகப்படுத்தபட்டுள்ளது)

புகைப்பானில் புகைப்பிடித்தல் என்பது புகைக்குழல் மற்றும் புகைப்பிடிக்கும் உபகரணங்களை பயன்படுத்தி மிகவும் தீங்கு விளாய்விக்க கூடிய புகையை உள்சுவாசிப்பதும் மற்றும் புகைப்பழக்கத்திற்க்கு அடிமையாகக் கூடியதும் ஆகும்.

புகைப்பானில்,(சிகரெட்) புகையை உள் இழுப்பது சுவாசப்பாதையில் குறைந்த அளவு எரிச்சலை ஏற்படுத்துவதால் அதிகத் தொந்தரவு இல்லாமல் விரும்பப்பட்டு உள்சுவாசிக்கபடுகின்றது.

<u>சிகரெட் (புகைப்பான்) உள்ளடக்கிய முக்கிய பொருட்கள்:</u>

சிகரெட் 4000 விதமான பொருட்களை உள்ளடக்கியுள்ளது. அதில் குறிப்பிட்ட சில பொருட்கள் விஷத்தன்மை வாய்ந்ததும், செல்களை சிதைக்க கூடியதுமாகும். அவை தான், நிகோடின் மற்றும் கார்பன் மோனாக்ஸைடு



தார் (TAR)

புகையிலையில் கலந்துள்ள வெவ்வேறு துகள்கள் மொத்தமாக தார் என்று அழைக்கப்படுகின்றது. இத்துகள்கள் புற்றுநோயை உருவாக்கும் பென்சோபைரீன் என்ற வேதிப்பொருளாய் உள்ளடக்கியுள்ளது.தார் என்பது பழுப்பு நிறமுடைய ஏட்டும் தன்மையுள்ள பொருளாகும்.இது பல், நகம் மற்றும் நுரையீரல் திசுக்களில் கறைகளை ஏற்படுத்துகின்றது.

கார்பன் மோனாக்ஸைடு

இது ஒரு நிறமற்ற வாயு ஆகும்.இவ்வாயுவினை அதிக அளவில் சுவாசிக்கும் பொழுது இது இரத்தத்தில் ஆக்ஸிஜன் (பிராணவாயுவின்) இடத்தில் அதற்குப் பதிலாக சேர்ந்து உடலிற்கு தீங்கு விளைவிக்கின்றது. ஒவ்வொரு இரத்த சிவப்பு அனுக்களும் ஹீமோகுளோபின் என்ற புரத உட்பொருளை கொண்டுள்ளது.இப்புரதமானது இரத்தத்தில் ஆக்ஸிஜன் அனுக்கள் உடல் முழுவதும் கொண்டு செல்கின்றன.இந்நிலையில் கார்பன் மோனாக்ஸைடு சேர்ந்து இரத்த நிலையினை தடிமனாக்குகிறது.இதனால் இரத்தத்தில் ஆக்ஸிஜன் அணுக்களின் தேவை அதிகமாகின்றது.

இருதயம், மூளை போன்ற உறுப்புகளுக்கு குறைந்த அளவே ஆக்ஸிஜன் சென்று பல உள் விளைவுகளை உருவாக்குகின்றது.

ஹைட்ரஜன் சயனைடு

நுரையீரல் சிலியா என்ற ரோமம் போன்ற அமைப்பினைக் கொண்டுள்ளது.இவ்வமைப்பானது தொடர்ந்து அசைதலின் மூலம் நுரையீரலைச் சுத்தம் செய்கின்றது. ஹைட்ரஜன் சயனைடு வேதிப்பொருளை உட்புகைப்பதின் மூலம் அதன் நச்சுத்தன்மை நுரையீரல் தங்கி சிலியா இயக்கத்தினை தடை செய்து நுரையீரலில் கழிவுகள் தங்கி விடுகின்றன.

புகையிலையில் உள்ள வேதிபொருட்களாகிய ஹைட்ரோகார்பன், நைட்ரஸ் ஆக்ஸைடு,ஆர்கானிக் அமிலம், பீனால் மற்றும் ஆக்ஸிஜனேற்றம் பொருட்களும் நுரையீரலை சிதைவடய செய்கின்றன.

ஆக்ஸிகரணம் செய்யும் வேதிபொருட்கள்

உயரிய எதிர்வினை வேதிப்பொருட்கள் இருதயத்தசை மற்றும் இரத்தகுழாய்களை சிதைவடைய செய்கின்றன.

இப்பொருட்கள் இரத்தத்தில் உள்ள கொலஸ்ட்ரால் என்ற கொழுப்பு சத்துடன் வினைபுரிந்து கொழுப்பு பொருட்களை இரத்தத்தமனி சுவர்களில் படியச் செய்கின்றன.

அசிட்டால்டிஹைடு வேதிப்பொருள்

இவை கரைப்பானாக பயன்படுகின்றது. இவை கண்,மூக்கு மற்றும் தொண்டை பகுதியில் எரிச்சலை ஏற்படுத்துகின்றது.இவ்வேதிபொருட்களில் நீண்ட நாட்களாக வெளிப்படும் பொழுது கல்லீரல் மற்றும் சிறு நீரக பாதிப்பு ஏற்படுகின்றது.

பார்மால்டிஹைடு

ரெசினின் ஒரு பகுதி போர்ம் என்ற மெத்தைக் காப்பானாகவும், பிளைவுட் நார் இலை பலகை மற்றும் துகள்கள் அடங்கிய பலகைகள் உருவாக்கத்திற்க்கும் பயன்படுகின்றது.உணவு மண்டலம், தோல் மற்றும் நுரையீரலை சிதைப்பதுடன் இவ்வேதிப்பொருள் மூக்கில் புற்றுநோயை ஏற்படுத்துகின்றது.

நிகோடின்

இது புற்றுநோயை ஏற்படுத்தக்கூடிய ஒரு பொருளாகும். இது சார்புத்தன்மையை ஏற்படுத்தக்கூடியது.புகைப்பவர்கள் புகைப்பழக்கத்தை விட்டுவிட மிகுந்த சிரமத்திற்க்கு ஆளாகக் காரணம் அதில் அமைந்துள்ள நிகோடின் என்ற வேதிப்பொருளாகும்.இவ்வேதிப்பொருள் மிகவும் வேகமாக செயல்படக்கூடிய ஒரு மருந்தாகும். இந்நிகோடினை உள்சுவாசித்த 15 நொடிகளில் மூளையினை சென்றடைகின்றது. தொடர்ந்து நிக்கோடினை உள்சுவாசிக்க்கும் பொழுது வாந்தி, வலிப்பு நோய், நரம்பு மண்டலம் சார்ந்த

மனச்சோர்வு, வளர்ச்சி குறைபாடு மற்றும் கருவின் வளர்ச்சி நிலையில் பாதிப்பு போன்றவைகளை ஏற்படுத்துகின்றன.

அம்மோனியா

இவ்வேதிப்பொருள் மூச்சிறைப்பு என்ற ஆஸ்துமா நோய் மற்றும் இரத்த அழுத்தத்தை அதிகரிக்கும் என அறியப்படுகின்றது.

ஹைட்ரஜன் சயனைடு

இவ்வேதிப்பொருள் நுரையீரலை சோர்வடையச் செய்து தலைவலி, உடல் சோர்வு மற்றும் வாந்தி போன்ற உபாதைகளை உருவாக்குகின்றது.ஹைட்ரஜன் சயனைடு அக்ரிலிக் பிளாஸ்டிக் மற்றும் ரெசின் உற்பத்திக்கும் வாயு மூலம் விஷக் கிருமிகளை நீக்கும் ஸ்டெரிலைசேஷன் முறைக்கும் பயன்படுகின்றது.

பென்சீன்

பென்சீன் கசோலினை உற்பத்தி செய்ய பயன்படுகின்றது.கசோலின் லூக்கிமியா என்ற இரத்த புற்று நோய் உள்பட பலவிதமான புற்று நோய்கள் ஏற்பட காரணமாகின்றது.

காரீயம்

காரீயம் மூளை நரம்புகள், சிறுநீரகம் மற்றும் மனித இனப்பெருக்க அமைப்புகளை பாதிக்கின்றது.இவ்வேதிப்பொருள் இரத்த சோகை, வயிற்று உபாதைகள் மற்றும் புற்றுநோயை ஏற்படுத்தக்கூடிய முக்கிய காரணியாகவும் செயல்படுகின்றது.காரீய மூலப்பொருள் பெயின்ட் மற்றும் உலோகங்களில் பயன்படுத்தபடுகின்றது.இப்பொருள் உலோக பொம்மைகள் தயாரிக்க பயன்படும் மூலப்பொருளாக இருப்பதினால் குழைந்தைகளுக்கு நச்சுத்தன்மையை ஏற்படுத்துகின்றது.

சிகரெட் புகைப்பதினை ஆதிக்கம் செய்யும் காரணிகள்:

- சமூகம் மற்றும் உறைவிட சுற்றுப்புற சூழ்நிலைகள்
- புகையிலை விளம்பரங்கள் மற்றும் திரைப்படங்கள்
- சிறிய சமூக குழுக்கள்
- நுண்ணறிவு மற்றும் மனித விருப்பத்தின் முறைகள்(எ.கா மனச்சோர்வு, மனப்பயம் , மன அழுத்தம்)
- உடலியல் மற்றும் மரபியல் காரணிகள்
- உடல் தோற்றத்தினை நிலைப்படுத்துவதற்காகவும்
- புகையிலை உபயோகத்தின் ஆதிக்கத்தினை எதிர்ப்பதற்கான திறமைகள் இல்லாதிருத்தல்
- புகையிலை உபயோகித்தலை தடுப்பதற்கு பெற்றோர்களின் ஆதரவு மற்றும் ஒத்துழைப்பு இல்லாதிருத்தல்.
- கல்வியில் குறைந்த அளவே சாதனை படைக்கும் நிலைமை.
- ஒரு மனிதன் தன்னை பற்றிய எண்ணங்கள் மற்றும் தோற்றம் பற்றிய நிலைமைகள் புகையிலை விளம்பரங்களில் வெளிபடுவது.
- விரும்பத்தகாத பழக்கவழக்கங்கள் (எ.கா:சண்டையிடுதல், ஆயுதங்களை எடுத்துச் செல்லுதல்)
- புகைப்பவர்களின் வகைகள்
- பழக்கவழக்கமாக புகைப்பவர்

இவ்வகையில் புகைப்பவர்களுக்கு புகைப்பிடிப்பது இயற்கையாக அமைந்ததாகும். இவ்வகை புகையாளர்கள் காலை தேநீருடன் ஒரு சிகரெட் பிடித்தல் மற்றும் படுக்கப்போகும் பொழுது புகைப்பிடித்தல் என்று பொதுவாக தேவைப்படுகின்றது.

சார்புநிலை புகைப்பவர்

இவ்வகையில் உள்ளவர்கள் கட்டுபடுத்தமுடியாத சார்பு நிலைக்கு உட்பட்டு புகைப்பிடிப்பவர்கள் ஆவர். இவர்கள் புகைப்பிடித்தலை தவிர்க்க

முற்பட்டால் மனம் மற்றும் உடல் சம்பந்தமான அசௌகரியங்களுக்கு உள்ளாவர்.

தொடர்பு நிலை புகைப்பவர்

இவ்வகை புகைப்பவர் தொடர்ச்சியாக எந்த தேவையும் இல்லாமல் புகைப்பவர் என வரையறுக்கப்படுகிறார்.

புகையிலையின் வகைகள்

இரண்டு வகையான புகையிலை பொருட்கள் முக்கியமானதாக கருதப்படுகின்றன. அவையாவன

- புகைக்கப்பயன்படும் புகையிலை (புகைக்கும் புகையிலை)
- சவைக்கும் புகையிலை (வாயில் மெல்லும் புகையிலை)

புகைக்கும் புகையிலை

புகையிலை நிகோடின் என்ற வேதிப்பொருள் உள்ளது. இது புகையிலை சார்ந்த நிலை மற்றும் உடல் உபாதைகளை உண்டுப்பன்னுகின்றது.புகையிலை பாதுகாப்பாக பயன்படுத்தும் அமைப்பு இல்லை.

பீடிகள்

பீடிகள் சிறிய மெல்லிய அளவிலான கைகளால் சுருட்டி உருவாக்கப்படுவையாகும்.இப்பீடிகள் இந்தியா மற்றும் தெங்கிழக்கு ஆசியாவிலிருந்து ஐக்கிய நாடுகளுக்கு ஏற்றுமதி செய்யப்படுகின்றது

இவ்வகை பீடிகள் தேக்கு இலையில் புகையிலை வைத்து சுற்றில் கலர் நூல்களை கொண்டு சுருட்டப்பட்ட இரு பகுதிகளும் கட்டி பாதுகாக்கபடுகின்றது.பீடிகள் சுவை ஊட்டப்பட்ட பீடிகள் உருவாக்க சாக்லேட், செர்ரி மற்றும் மாம்பழ சுவை ஊட்டிகள் பயன்படுத்தப்படுகின்றன.

பீடி புகைத்தல் வாய், நுரையீரல்,வயிறு மற்றும் உணவுக்குழல் புற்றுநோயினை உருவாக்கும் காரணிகள் மற்றும் இருதய தமனி நோய்,

மாரடைப்பு மற்றும் நெடுநாளைய மூச்சடைப்பு புண்களுக்காக காரணிகளை அதிகப்படுத்துவதுடன் தொடர்புடையதாக உள்ளது.

சிகரெட்டுகள்

சிகரெட் சுத்தமான புகையிலையினை தேர்வு செய்து மெல்லியதாக பிரிக்கப்பட்ட புகையிலையினைக் கலந்து உருவாக்கப்படுகின்றது.சுத்திகரிக்கப்பட்ட புகையிலை மற்றும் இதர பொருட்கள் ஒரு பேப்பரில் வைத்து சுருட்டப்பட்டு உருளைவடிவத்தில் உருவாக்கப்படுகின்றது.சிகரெட்டின் ஒரு பகுதியில் வடிகட்டி அமைக்கப்பட்டுள்ளது.

சிகரெட் பிடித்தல் சிறுநீர்ப்பை, வாய்குழி, உணவுப்பாதை, சுவாசப்பாதை, உணவுக்குழல், கர்ப்பவாய், சிறுநீரகம், நுரையீரல், வயிறு, கணையம் ஆகிய உறுப்புகள் மற்றும் இரத்தத்தில் புற்றுநோய் உருவாக காரணமாகின்றது.

சிகார், சிகாரில்லாஸ் மற்றும் நுண்ணிய சிகார்கள்

பெரும்பான்மையான சிகார்கள் காற்றில் உலர்த்திய (அ) உலர்ந்த புகையிலை கொண்டு ஒரே வகையில் உருவாக்கப்படுகின்றது. சிகாரில் உபயோகப்படுத்தும் புகையிலைகள் ஒரு வருடம் வரை வைத்திருந்து பல வழி முறையில் நொதித்தல் வினைக்கு உட்படுத்தி 3 முதல் 5 மாதங்கள் எடுத்துக்கொண்டு நொதித்தல் முறை வேதிவினை மற்றும் பாக்டீரியா வினைகளை ஏற்படுத்தி புகையிலையில் மாற்றத்தினை ஏற்படுத்துகின்றது. இச்செயல்முறையே சிகார் புகைப்பிடித்தலின் செயல்பாடு மற்றும் மணம் ஆகியவற்றை சிகரெட் புகைப்பிடித்தலில் இருந்து வித்தியாசத்தை ஏற்படுத்துகின்றது.பொதுவாக எப்பொழுதும் உள்ள சிகார் புகைப்பிடித்தல் பெரியதாகவும், புகை வடிகட்டி இல்லாமலும் உள்ளது. சிறிய சிகார் புகைப்பிடித்தல் அமைப்பு மற்றும் சிகாரில்லா புகைப்பிடித்தல் அமைப்பு அளவு மற்றும் வடிவத்தில் சிகரெட் ஏத்த அமைப்புகள் மற்றும் புகைவடிகட்டி அமைக்க பெற்றுள்ளது. சிறிய சிகார் வடிவ புகைப்பிடித்தல் அமைப்பு சாக்லேட்,

செர்ரி,ஆப்பிள், மாம்பழம் ஆகியவற்றைக் கொண்டு மணம் மற்றும் சுவை ஊட்டபடுகின்றன.இவை சிகரெட்டுகளை போன்று 20 எண்ணம் கொண்ட பாக்கெட்டுகளிலும் (அ) தனியாகவும் விற்பனை செய்யபடுகின்றது.

சிகார் புகைப்பிடித்தல் வாய்,உதடு,நாக்கு,தொண்டை,சுவாசாக்குழல், நுரையீரல்,கணையம் மற்றும் சிறுநீர்ப்பை புற்றுநோயுடன் தொடர்புடையது.

சிகார் புகைப்பிடித்தல் சிகரெட் புகைப்பிடித்தலை போன்று ஈறு நோய் மற்றும் பல் விழுவதற்கு காரணமாகவும் உள்ளது. இதனால் ஏற்படும் ஈறுநோயால் ஈறு சுருங்குதல் ஏற்படுகிறது.

குட்கா

குட்கா என்பது குழல் மூலம் சிஷா என்ற புகையை உள் சுவாசிப்பதாகும்.இந்த சிஷா என்பது புகையிலை மற்றும் பழ (அ) காய்கறிகளை சூடு செய்வதன் மூலம் வரும் புகையை நீரினை கொண்டு வடிகட்டி குழல் மூலம் உட்சுவாசிப்பதாகும். குட்கா குழல் அமைப்பு தலை (மேற்புரம்) உடல், நீர்கிண்ணம் மற்றும் வளையும் தன்மையுடைய குழாயினை கொண்டுள்ளது. இக்குட்கா குழல் அமைப்பில் புகையிலை அல்லது சிஷா சார்கோல் என்ற கருப்பு நிற படிவம் கொண்டு சூடு செய்யப்படுகின்றது.உலக சுகாதார நிறுவனத்தின் அறிக்கையின்படி 1மணி நேர குட்கா புகைத்தலினால் ஏற்படும் புகையின் அளவானது ஒரு சிகரெட் கொண்டு 100லிருந்து 200 முறை புகைப்பிடித்த்லினால் ஏற்படும் புகையின் அளவை ஏத்தது எனக் குறிப்பிடப்பட்டுள்ளது.

குட்கா புகைத்தல் நுரையீரல்,வாய் மற்றும் இதர புற்று நோய் ஏற்படுவதற்கும், இருதய நோய் மற்றும் நுரையீரல் கிருமித்தொற்று ஏற்படுவதற்கும் தொடர்புடையதாக உள்ளது.

குட்கா புகை உறிஞ்சும் குழாயை பலரும் உபயோகிக்கும் பொழுது வாய் மற்றும் இதர ஹெர்பிஸ்,காசநோய் மற்றும் மஞ்சள் காமாலை கிருமித்தொற்று ஏற்படுவதற்கும் காரணமாகின்றது.இதனால் குட்கா புகைப்பிடித்தல் மற்ற

புகைப்பிடித்தலை போன்று சிறுதும் பாதுகாப்பின்றி மிகவும் அபாயகரமானதாக கருதப்படுகின்றது.

கிரிடெக்ஸ்

கிரிடெக்ஸ் புகைப்பிடிப்பு இந்தோனேசியாவிலிருந்து இறக்குமதி செய்யப்படுகின்றது. இது புகையிலை இலவங்கம் மற்றும் இதர சேர்க்கும் பொருட்களின் கலவைகளை கொண்டுள்ளது. பீடியை போன்று கிரிடெக்ஸ் அதிக அளவு புகையிலை, கார்பன் மோனாக்ஸைடு மற்றும் தார் ஆகியவற்றை சிகரெட்டை விட வெளிபடுத்துகின்றது என தரப்படுத்தப்பட்ட புகைப்பிடித்தல் கருவியின் மூலம் த நிர்ணயம் செய்யப்பட்டுள்ளது.

கிரிடெக்ஸ் புகைப்பிடித்தல் மூச்சிறைப்பு என்ற ஆஸ்த்மா நோய் உள்ளவர்கள் மற்றும் நுரையீரலில் காயங்கள் ஏற்படுத்துவதுடன் தொடர்புடையதாக உள்ளது. கிரிடெக்ஸ் புகைபிடிப்பவர்கள் புகைப்பிடிக்காதவர்களுடன் ஒத்துப்பார்க்கும் பொழுது 13லிருந்து 20 முறை அதிகமாக அசாதரணமான நுரையீரல் செயல்பாடு உள்ள அபாயத்தை கொண்டுள்ளார்கள்.

குழல் புகை

குழல் புகைப்பிடித்தல் சுழற்சி முறையில் உபயோகிக்க கூடிய உபகரணமாகும். இது ஒரு அறை (அ) கிண்ணம், தண்டு பகுதி மற்றும் வாய்ப்பகுதி கொண்டுள்ளது. புகையிலையானது அக்கிண்ணத்தில் உள்வைத்து எரித்து அதில் ஏற்படும் புகையை தண்டு பகுதியின் வழியாக பெறப்பட்டு வாய்ப்பகுதி வழியாக உட்சுவாசிக்கப்படுகின்றது. குழல் புகைப்பிடித்தல் ஈறு நோய்,உதடு,நாக்கு,தொண்டை,சுவாசப்பதை,நுரையீரல்,கணையம்,சிறுநீரகம், சிறுநீரகப்பை,பெருங்குடல்,கர்ப்பவாய் புற்று நோய்கள் மற்றும் இரத்த புற்றுநோய்கள் ஏற்படுவதற்கு காரணமாகவும் நாள்பட்ட நுரையீரல் நோய்கள் மற்றும் இருதய தமனி நோய் ஏற்பட காரணமாகவும் உள்ளது. இதனுடன் சேர்த்து குழல் புகைப்பிடித்தல் ரோம நாக்கு என்ற நாக்கின் நிறம் மாறும்

நிலையை ஏற்படுத்துகின்றது. இந்நிலையாந்து நாக்கில் நிக்கோட்டில்ன் கறை தொடர்ந்து படிவதனால் ஏற்படுகின்றது.

மின்னனு சிகரெட் (அ) இ.சிகரெட்டுகள்

மின்னனு சிகரெட் (அ) இ.சிகரெட் என்பது பாட்டரிகளை கொண்டு சக்தி ஏற்றப்பெற்ற அமைப்பாகும். இவ்வமைப்பில் மனம் (அ) சுவையேற்றப்பட்ட நிகோடின் மற்றும் இதர வேதிப்பொருட்கள் நிரப்பப்பட்டுள்ளது. இவ்வமைப்பானது புகையிலைப்பொருட்கள் அல்ல. ஆனால் இது புகையிலையிலிருந்து நிகோடினை வெளிக்கொண்டு வரும் முறையாகும்.

இந்த இ.சிகரெட் அமைப்பானது நிகோடின் மற்றும் இதர வேதிபொருட்களி நீர்த்திவளைகளாக மாற்றி அதனை உபயோகிப்பாளர்கள் உட்சுவாசிக்கும் முறையில் அமைக்கபெற்றுள்ளது.உபயோகிப்பாளர்கள் இந்த மின்னனு சிகரெட்டை உபயோகித்து உள்ளிழுக்கும் பொழுது புரொபைலின் கிளிசரால் / நிகோடின் அடங்கிய நீர்த்திவளைகள் உட்சுவாசிக்க பயன்படுகின்றன.

இ-சிக்ரெட்டானது சாதாரண சிகரெட்டை போன்ற அமைப்பை பெற்று அதன் நுனி அழகாக வடிவமைக்கப்பட்டுள்ளது.

இந்த இ-சிகரெட்டுக்கு தேவையான உபகரணங்களான நிகோடின் நிரப்பப்பட்ட பெட்டிகள் மெந்தால், செர்ரி,சாக்லேட்,புதினா,ஆரஞ்சு போன்ற வெவ்வேறு நிறம் மற்றும் மணம் ஆகியவற்றுடன் உருவாக்கப்பட்டு மறு நிரப்பலுக்கு மறுபடியும் புதிதாக அமைப்பதற்கும் பயன்படுத்தப்படுகின்றது.

நோய் உடற்கூறியியல்

சிகரெட் புகைப்பதினால் வெளியேறும் நிகோடின் கேட்டி காலமைன் என்ற உட்பொருளை வெளியேற செய்கின்றது. இக்கேட்டி காலமைன் இருதயத்துடிப்பு அதிகரிப்பு, உடல் மேற்புர இரத்த நாளங்கள் சுருக்கம்,இரத்த அழுத்த உயர்வு முதலியவற்றை உருவாக செய்கின்றது.இவ்விளைவுகளானது இருதயத்தின் வேலை செயலாக்கத்திறனை அதிகரிக்க செய்து இருதய

தமனிகளின் சுவர்களை சுருங்க செய்து இரத்த ஓட்ட தடையை ஏற்படுத்துகின்றது.இந்த இருதய தமனியில் ஏற்படும் இரத்த ஓட்ட தடையானது மாரடைப்பு மற்றும் உயிரிழப்பு ஏற்பட முக்கிய காரணமாக அமைகின்றது.

<u>புகைபிடிப்பதினால் நுரையீரலில் ஏற்படும் விளைவுகள்</u>

சிகரெட் புகைப்பிடித்தல்

குறைந்த சிலியா எனும்

ரோம உறுப்புகளின் செயல்பாடுகள் குறைதல்

மற்றும் ரோம உறுப்பு செல்கள் திரவங்களளை

இழக்கும் நிலை

காப்லை செல்களின் வீக்கம்

அதிகப்படியான கோழை உற்பத்தி

சுவாசப்பாதையின் சுற்றளவு

உற்பத்தியாகும் நுரையீரல்

வெளியேற்ற முடியாத நிலைமை

சுவாசப்பாதை அடைப்பு

நுரையீரலில் உள்ள செல்கள் பெரிதாகி, நுண்கரு இல்லாத நிலை ஏற்பட்டு புற்றுநோய் ஏற்படுவதற்கு முந்தைய நிலையை அடைகின்றன.

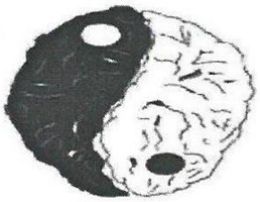
ஒரு வருட புகைப்பிடித்தலின் பிறகு சுவாச பாதையின் செயல்பாடுகளில் மாற்றங்கள் ஏற்படுகின்றன. இம்மாற்றங்களானது இறுதி நிலைக்கு செல்லும் பொழுது சுவாசப்பை சுற்றிய சுவர்களில் பைபிரோஸிஸ் எனப்படும் இரத்த ஓட்டம் இல்லாத செல் முதிர்ச்சியடையும் நிலையை ஏற்படுத்துகின்றது.இளவயதினர் புகைபிடித்தலை நிறுத்துவதன் மூலம் சிறு சுவாசப்பாதையில் ஏற்படும் புண் போன்ற நிலையை மாற்றி நல் நிலையை ஏற்படுத்த முடியும்.

<u>மூளையில் நிகோடின் செயல்பாடுகள்</u>

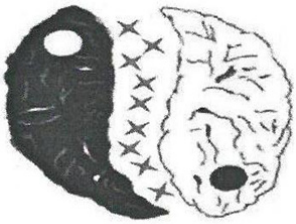
நிகோடின் வேதிப்பொருள் நிக்கோடின் வாங்கிகளுடன் சேர்ந்து மூளையை சென்றடைகின்றாது. மூளையில் நரம்புசெல்கள் சங்கமிக்கும்

இடத்தினை நிகோடின் வாங்கிகள் தூண்டச் செய்து டோபமின் என்ற வினை ஊக்கிகளை உற்பத்தி செய்கின்றது.இந்த டோபமின் வினைப்பொருள் உற்பத்தியானது நிக்கோட்டினை உட்சுவாசித்த 10 நொடிக்குள் மூளையை தூண்ட செய்து விளைவுகளை ஏற்படுத்துகின்றது.

நிகோடின் தொடர்ந்து உட்சுவாசித்தல்



வயது மூளை சமநிலை பாலினம்



சாதாரணம்	**அசாதாரணம்**
விழிப்புணர்வு	விழிப்புணர்ச்சியின்மை
ஞாபகசக்தி	ஞாபக மறதி
மனநிலை	மனச்சோர்வு/மன
அசதி	
மூளை வளர்ச்சி	மூளைவளர்ச்சி
பாதிப்பு	மன அழுத்தம்

<u>சிகரெட் புகைப்பதினால் வரும் பொதுவான அறிகுறிகள் மற்றும் குறியீடுகள்</u>

- ஒரு மனிதன் சிகரெட் புகைப்பதினை பற்றி பொதுமக்களின் கருத்து
- பற்கள் மற்றும் விரல்களில் நிகோடின் கரை
- உடை மற்றும் வீட்டு உபயோக பொருட்களில் புகை பொதிந்த வாசம் நாள்பட்ட புகையாளர்களின் இருமல்
- கீழ்நோக்கிய இருமல்
- சிகரெட் மற்றும் ஒளிர்விப்பான்
- புகைப்பதினால் வரும் தீமைகள்
- நரம்பு மண்டல குறைபாடு

தசை வளர்ச்சிக் குறைபாடு

தசை வளர்ச்சி குறைபாடு வரும் அபாயம்

கண் விழித்திறை நோய்

கண் பார்வை குறைபாடு

சுவாச மண்டல கோளாறு

சுவாச மண்டல தொற்று, காய்ச்சல் மற்றும் குளிர்ச்சி நிலை

நுரையீரல் காற்று தேக்க நிலை, காற்றுப்பை புண்

நாள்பட்ட நுரையீரல் தடுப்பு நோய்

நுரையீரல் புற்றுநோய் ஏற்படுவதற்கான அபாயம்

இரத்த ஓட்ட மண்டல குறைபாடு

இரத்த நாளச் சுருக்கம்

அதிகபடியான இரத்தகட்டி உருவாகுதல்

அதிக கொழுப்பு

இருதய நோய்

உடல் வேதிவினைக் குறைபாடு

இரத்த புற்றுநோய்(மையிலாட்டு செல் புற்று நோய்)

வயிறு மற்றும் குடல் உறுப்புகளின் குறைபாடு.

வாய் உணவுப்பாதை புற்று நோய்

சுவாசப்பாதை புற்று நோய்

கல்லீரல் புற்று நோய்

இரைப்பை புற்றுநோய்

கணைய புற்று நோய்

உணவுக்குழல் புற்று நோய்

சிறுநீரக மண்டல கோளாறு

சிறுநீர்ப்பெள புற்றுநோய்

குடல் மற்றும் மலவாய் புற்றுநோய்

இனப்பெருக்க மண்டல கோளாறு

பெண்களுக்கு

பிரசவத்தின் போது கோளாறு ஏற்படுதல்

சிசு சம்பந்தபட்ட பிரச்சனைகள்

விரைவில் மாதவிடாய் அடைதல்

கர்ப்பவாய் புற்றுநோய் ஏற்படுவதற்கான அபாயம் அதிகரித்தல்

குழந்தையின்மை

ஆண்களுக்கு

குழந்தையின்மை

விரை செயலிழத்தல்

உயிரணுக்களின் எண்ணிக்கை குறைவு

நோய் எதிர்ப்பு மண்டல கோளாறு

எலும்பு மூட்டு சுழற்சி நோய்

சருமக் கோளாறு

தோலில் சுருக்கங்கள் ஏற்படுதல்

மஞ்சள் கறை படிந்த விரல்கள்

அருவருப்பான மணமுடன் ரோமம்

மனநிலையில் ஏற்படும் விளைவுகள்

மனச்சோர்வு

எரிச்சல் நிலை

நிலையற்ற மனநிலை

மன கவலை

கவன குறைவு

சக்தி குறைபாடு

<u>வளர் இளம் பருவ நிலையில் புகைப்பிடிக்கும் பழக்கத்தை தடுக்கும் முறைகள்</u>

- நிகோடின் தடுப்பு பற்றிய கல்வி நிகழ்ச்சியினை வழங்க வேண்டும்.
- புகையிலையின் தீமைகள் பற்றிய அறிவினை மாணவர்களுக்கு வளர்க்க வேண்டும்
- பொது இடங்களில் புகைப்பிடித்தலை புகையிலை தடுப்புச்சட்டம் தடை செய்துள்ளது.
- புகைப்பிடிப்பவர்கள் அலுவலகத்திற்க்குள், அதன் வெளியே, வாசல் அருகே புகைப்பிடிக்க தடை செய்யபட்டுள்ளது.
- புகைபிடித்தல் தடை செய்யப்பட்டுள்ளது பற்றிய விளம்பர பலகைகளை அலுவலகத்தின் சுவர்களில் ஒட்ட வேண்டும்
- புகைப்பதற்குரிய உபகரணபொருட்களான தீப்பெட்டி,சாம்பல் கிண்ணங்கள் மற்றும் ஒளிர்விப்பாங்களை அனுமதிக்கக்கூடாது.

- ❖ புகைப்பிடித்தல் பற்றிய விதியினை மீறுபவர்களுக்கு அதற்குரிய அபாரதத்தொகையை விதிக்க வேண்டும்.
- ❖ புகையிலைப் பற்றி உடல் நல விபரங்கள் பொதுமக்களுக்கு எளிதாக அதிகமாக கிடைக்க செய்ய வேண்டும்.
- ❖ புகைப்பதை குறைக்க வேண்டும்
- ❖ புகைப்பிடிப்பதை தூண்டும் சமூக அவலங்களில் இருந்து விலகி நிற்க வேண்டும்.பரவலாக புகைபிடிக்கும் பழக்கத்தை விலக்க வேண்டும்.ஒருநிலையில் பயிலும் மாணக்கர்களின் அழுத்தத்திற்கு அடிமையாக கூடாது.
- ❖ இலவச புகை வழங்கியை ஒரு போதும் வழங்க கூடாது.
- ❖ அருகில் பழகும் நபருடன் நமது கவலைகளையும், மனப்பாரங்களையும் பரிமாறிக் கொள்ள வேண்டும்
- ❖ அவ்வப்பொழுது நடக்கும் உபச்சாரத்திற்க்கு பணத்தை செலவு செய்ய கூடாது.
- ❖ புகையிலை பொருட்கள் உபயோகித்தலின் உடல்நிலை கேடுகளை படங்கள் உபயோகித்து எச்சரிக்க வேண்டும்.
- ❖ கையில் ஒரு போதும் சிகரெட்டை எடுக்க மாட்டேன் என்று முடிவு எடுக்க வேண்டும்.
- ❖ அடுத்த மனிதர்கள் உங்கள் வீட்டில் புகைப்பிடித்தலை அனுமதிக்க கூடாது.

உடல்நலம் பாதிப்பு எச்சரிக்கைகளான (புகை உயிரைக் குடிக்கும், புகையிலை உயிரைக் கொல்லும், புகை நமக்கு பகை) போன்ற வாசகங்களை உபயோகிக்க வேண்டும்.

புகையிலை உபயோகத் தடுப்பு மையத்தை மாவட்ட அளவில் தொடங்க வேண்டும்.

புகையிலை பற்றிய விபரங்களை மக்களுக்கு உணரப்படுத்த கல்வி,தொலைத்தொடர்பு,எடுத்துரைப்பு மையங்களையும் மக்கள் தொடர்பு

விழிப்புணர்வுகளையும் ஏற்படுத்த வேண்டும். வெவ்வேறு வகையான தொடர்பு மைங்களின் மூலமாக விழிப்புணர்வு நிகழ்ச்சிகளை மேற்கொள்ள வேண்டும்

புகையிலை விற்பனை மையங்கள் இளம் வயதினர் செல்லும் வழியில் இருப்பது புகையிலை விற்பனையை உருவாக்குகிறது.

புகையிலை விற்பனை பற்றிய விளம்பரங்களை தடை செய்ய வேண்டும்.

புகையிலை விற்பனையை கல்வி நிறுவனங்களுக்குள் தடை செய்ய வேண்டும்.அது மட்டுமல்லாது புகையிலை விற்பனை கல்வி நிலையத்திலிருந்து 100 மீட்டர் இடைவெளியில் இருக்குமாறு பார்த்துக் கொள்ள வேண்டும்.

STRUCTURED TEACHING PROGRAMME
ILL EFFECTS OF CIGARETTE SMOKING AND ITS PREVENTION

Guided by:

Mrs. Ruthrani, Msc(N)

HOD of Psychiatric department

RASS Academy College of Nursing .
Poovanthi.

Prepared by

REG NO:301331552

DEFINITION

Cigarette smoking is defined as the inhalation of the gases and hydrocarbon vapours generated by slowly burning tobacco in cigarettes.

COMPOUNDS IN CIGARETTE

- Cigarette smoke contains over 4000 different compounds.

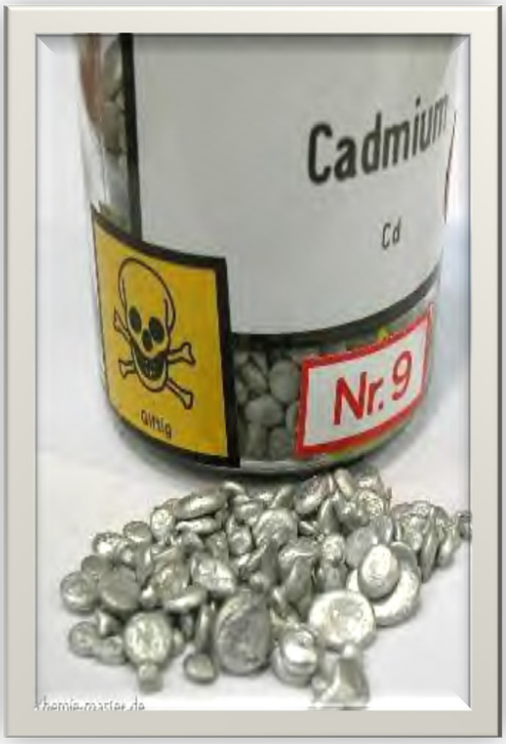
The most abundant ones are:

- Tar-Benzopyrene
- Nicotine
- Carbon monoxide

Chemicals

What's in Tobacco?

- ★Tar: black sticky substance used to pave roads
- ★Nicotine: Insecticide
- ★Carbon Monoxide: Car exhaust
- ★Acetone: Finger nail polish remover
- ★Ammonia: Toilet Cleaner
- ★Cadmium: used batteries
- ★Ethanol: Alcohol
- ★Arsenic: Rat poison
- ★Butane: Lighter Fluid



Types of tobacco smoking

- Cigarette - Most common and most harmful
- Little cigar
- Cigarillo
- Cigar
- Bidi
- Tobacco chewing
- Kreteks(clove cigarettes)
- Snuff – Moist & Dry
- E-cigarette

Conti....

- Kretecks

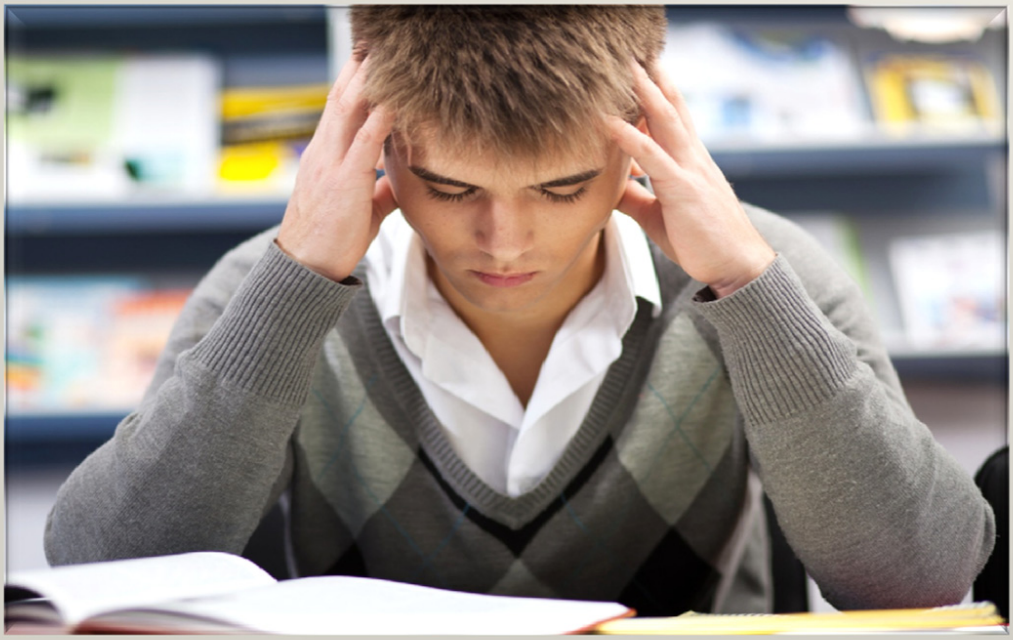
- Bidis

Hookahs and pipes

- Not safer than regular tobacco smoke.
- Causes the same diseases
- Raises the risk of lip cancer, spreading infections like tuberculosis.
- Users ingest about 100 times more lead from hookah smoke than from a cigarette.

CONSEQUENCES OF SMOKING

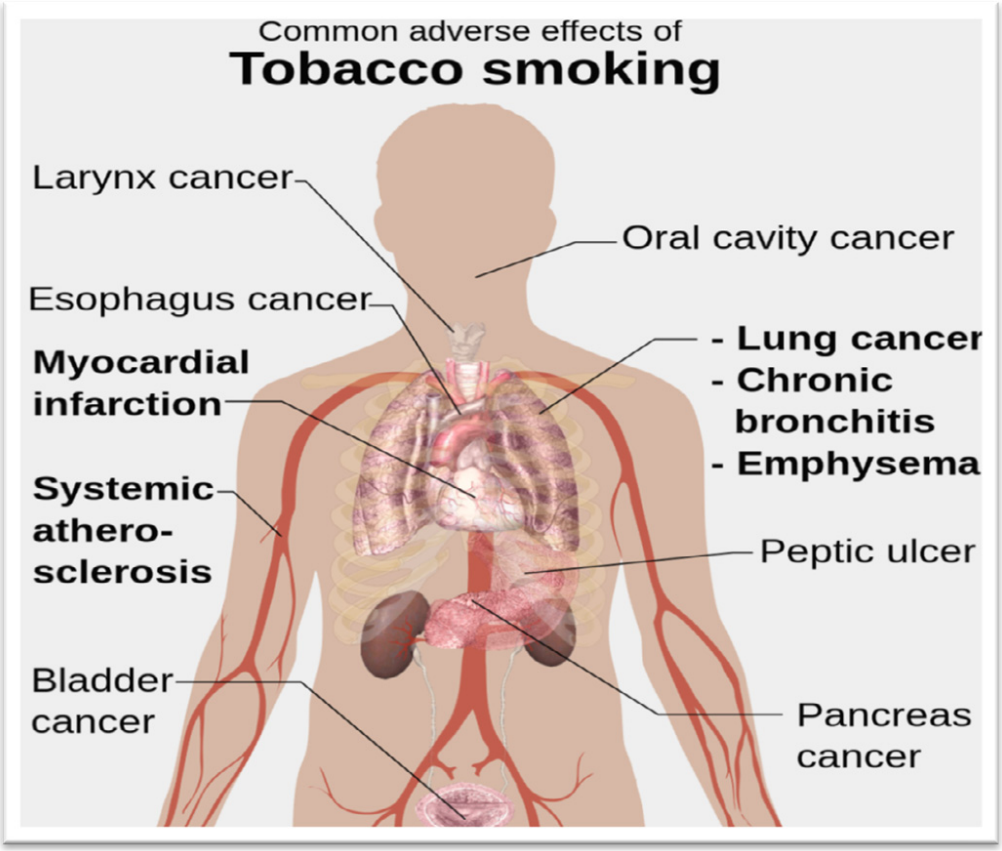
- Economic loss
- Health loss
- Socio-cultural loss
- Psychological loss



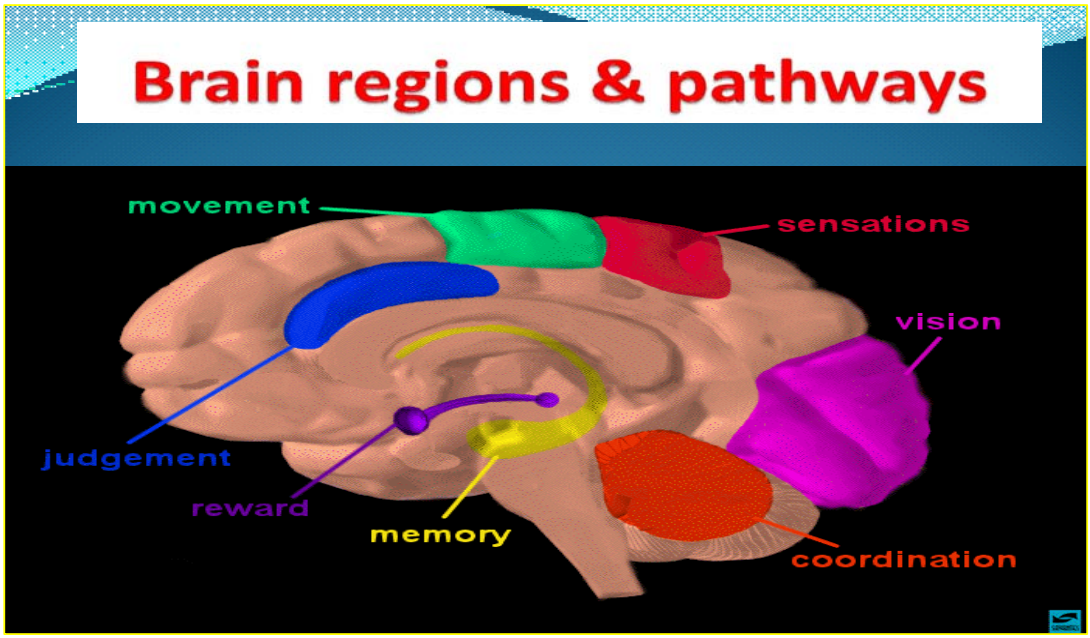
SMOKING AND ILL EFFECTS

- **An important causative/risk factor for various diseases**
- **About 25 diseases caused/aggravated by smoking.**

e.g.

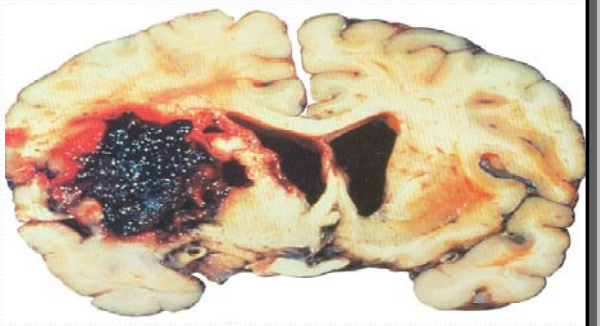


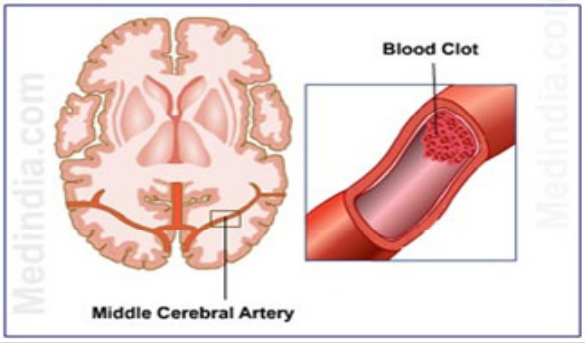
Brain regions & pathways



STROKE DUE TO SMOKING

- This brain shows stroke damage, which can cause death or severe mental or physical disability

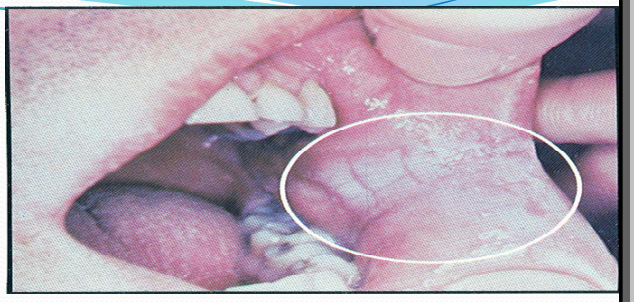




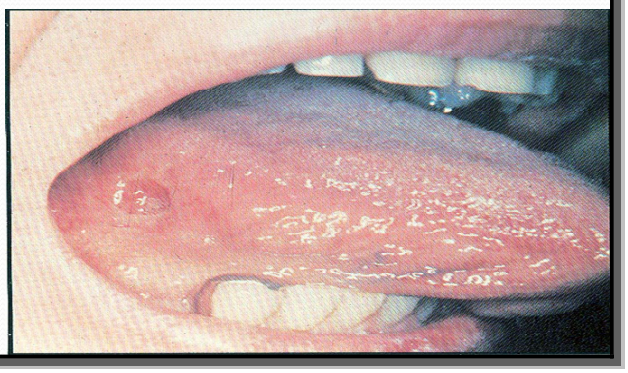
DENTAL PROBLEMS

- Stained teeth
- Gum inflammation
- Black hairy tongue
- Delayed healing of the gums

- Leukoplakia



- Oral cancer



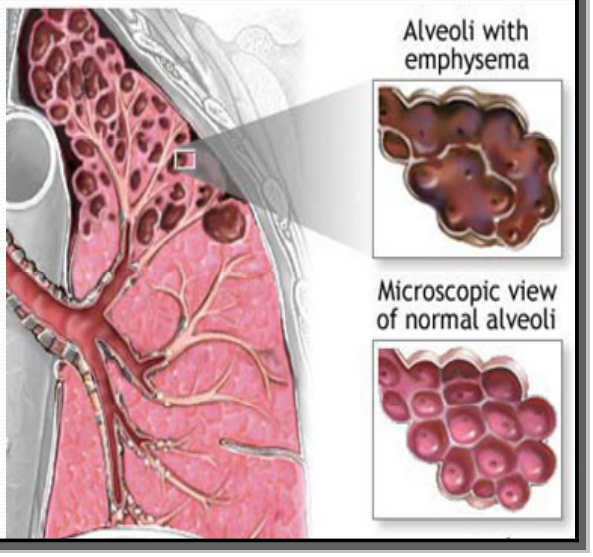
LUNG CANCER

Smokers lung with cancer. White area on top is the cancer, this is what killed the person. The blackened area is just the deposit of tars that all smokers paint into their lungs with every puff they take.

Emphysema:

Symptoms Include

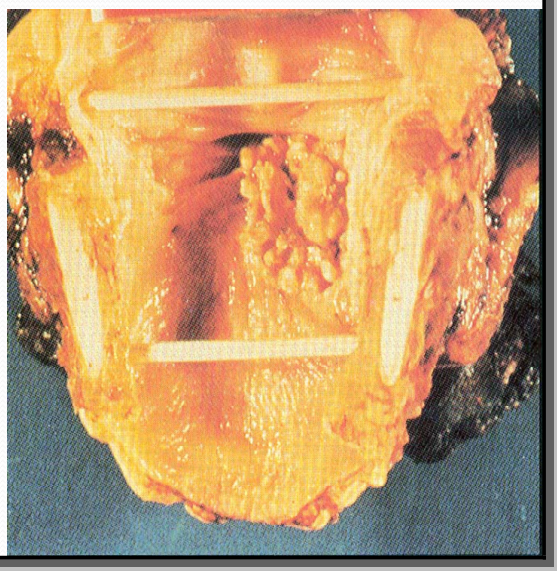
- ★ Shortness of breath
- ★ Chronic cough
- ★ Wheezing
- ★ Anxiety
- ★ Weight loss
- ★ Ankle, feet and leg swelling
- ★ fatigue



Laryngeal cancer

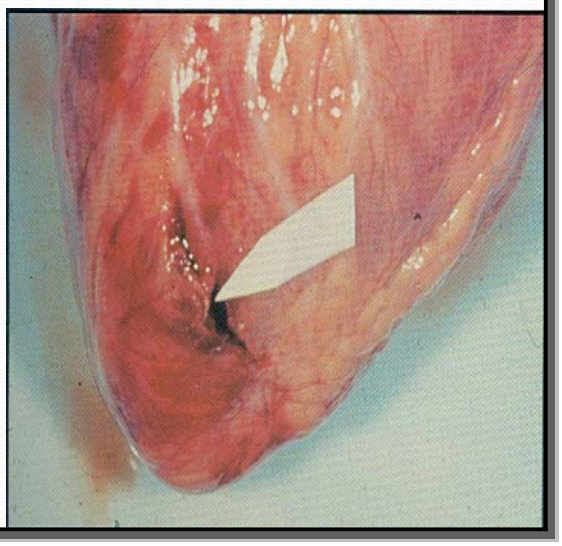
Symptoms:

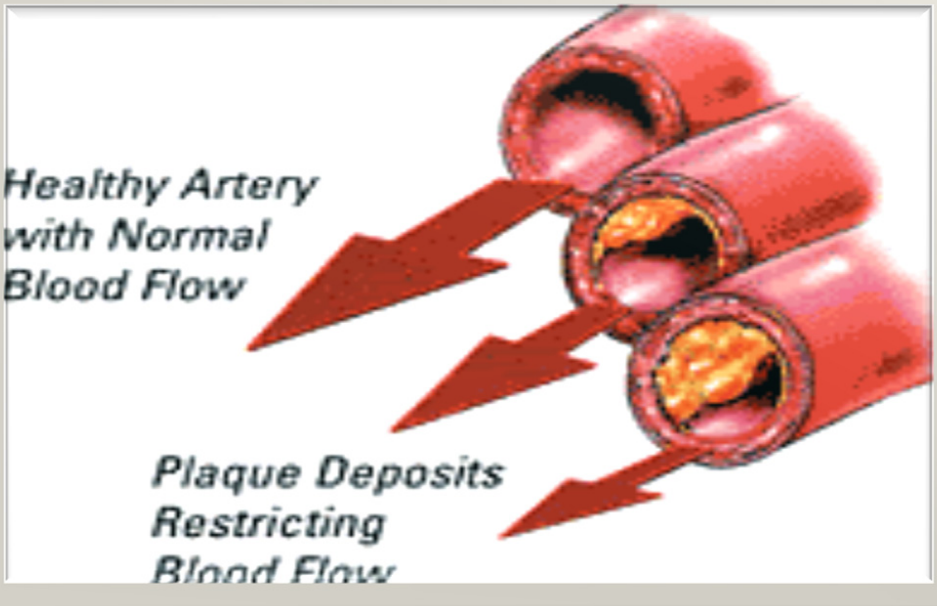
- Persistent hoarseness
- Chronic sore throat
- Painful swallowing
- Pain in the ear
- Lump in the neck



HEART ATTACKS

- **Smokers are twice as likely as Nonsmokers to have a heart attack**
- **Torn heart wall: Result of over-worked heart muscle**



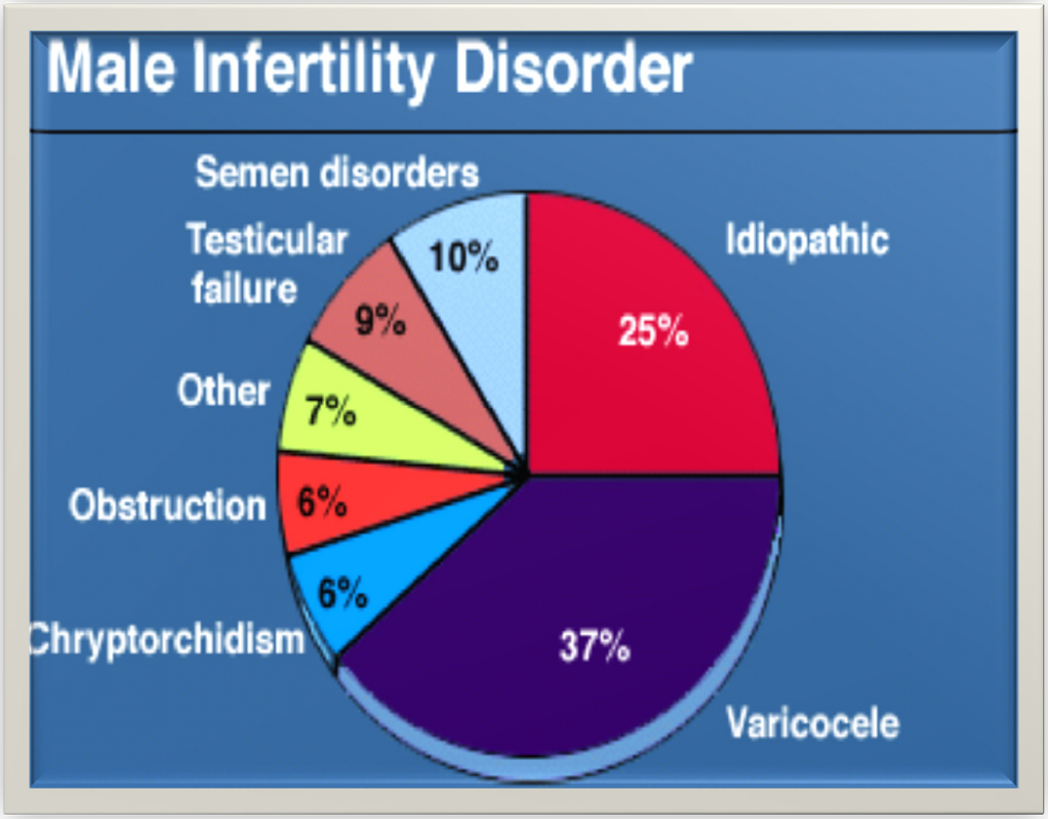


Bone abnormalities

- Risk factor for Wrist, Hip, bone fracture and Osteoporosis

IMPOTENCE

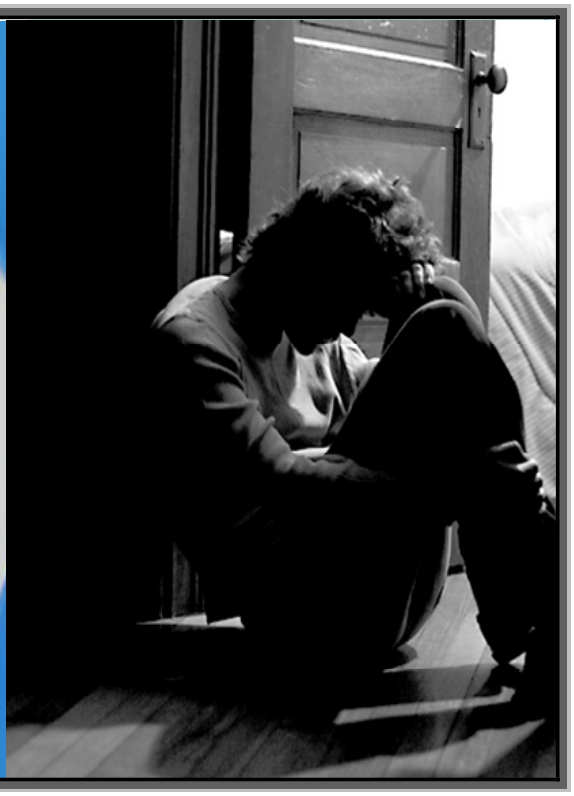
- Man causes impotence and erection problems



PSYCHOLOGICAL EFFECT

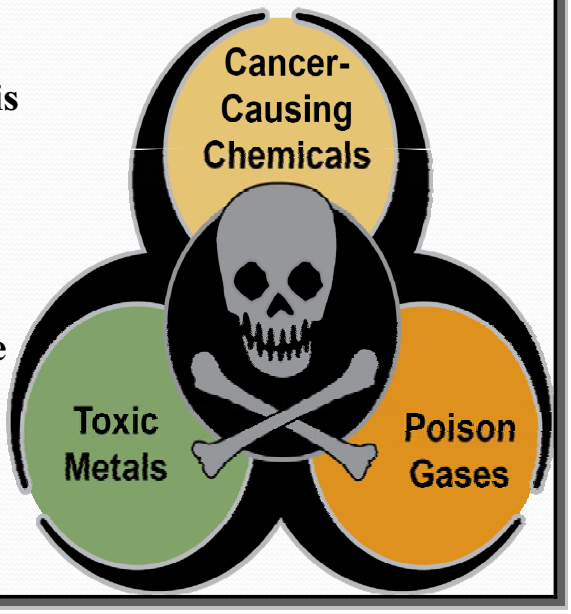
Mental effects such as

- **Irritability**
- **Depression**
- **Mood swings**
- **Anxiety**
- **Attention deficit**
- **Memory deficit**



SECONDHAND SMOKE EXPOSURE

- You breathe in more than 4,000 chemicals when you are around someone who is smoking.
- The chemicals found in secondhand smoke hurt your health, and many are known to cause cancer. Secondhand Smoke exposure



- Children who are around smoke are more likely to have the following:
  - Lung problems
  - Ear infections
  - Severe asthma
  - In infants
  - Sudden Infant Death Syndrome

HOW TO PREVENT SMOKING IN ADOLESCENTS

- Tobacco prevention education program
- Students knowledge of tobacco hazard
- Anti- smoking attitude in adolescence
- Strong indoor smoking restrictions
- Well funded adult focused tobacco control program
- Smoke - free air law restricting smoking in Public places

- Don’t addict to peer pressure
- Never receive the free puff
- Share you stress and feelings to near person
- Take a decision never take a cigarette by hand
- Don’t allow others to smoke in your house

- Increases taxes on tobacco
- Launching an IEC /Mass media campaign
- Reduce the availability
- Ban on tobacco advertising
- Ban on sale to minors

- **Displaying signage on smoking restrictions throughout their establishments**

- **Health warnings include (smoking kills or tobacco kills)**

WHICH IS YOUR OPTION?

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool for **"Effectiveness of structured teaching programme on knowledge regarding ill effects of cigarette smoking and its prevention among adolescent boys in a selected college at Madurai".** Prepared by ROSAMMA THOMAS, final year M.Sc. Nursing student (Mental Health Nursing) ,RASS ACADEMY COLLEGE OF NURSING ,POOVANTHI, is found to be valid and highly relevant.

Place : Mana Madurai.

Date : 09/02/15.

Signature

MRS. ROSARAMANI. D,
ASST. PROF.
DEPT. OF. PSYCHIATRIC NURSING,
MAHA COLLEGE OF NSG,
MANAMADURAI,
SIVAGANGAI DIST.

PERMISSION LETTER FOR CONDUCTION OF STUDY

To,

The Principal
FATIMA MICHAEL College of Engineering & Technology
Madurai - 20

Through the principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I, Mrs.ROSAMMA THOMAS,II year M.Sc (N) student of Mental Health Nursing speciality at RASS Academy College of Nursing, wish to do the project on the topic of **" Effectiveness of Structured teaching programme on knowledge regarding ill effects of Cigarette Smoking and its prevention among adolescent boys in a selected college at Madurai district ",** for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study for adolescent boys in selected college in the month of February 2015. So please accept this permission letter and kindly do the needful.

Thanking You

Yours faithfully,

Rosa Thomas

(Rosamma Thomas)

Place: Poovanthi

Date :

PRINCIPAL
RASS ACADEMY COLLEGE
OF NURSING
POOVANTHI - 630 311

Yes. Permitted on 04.02.15

FATIMA MICHAEL COLLEGE OF ENGG
MADURAI-20

APPENDIX-IV

LIST OF EXPERTS

Mrs. ROJARAMANI .D. M.Sc (N)
Associate Professor .
Department of Psychiatric Nursing,
Matha College of Nursing,
Manamadurai,
Sivagangai District.

Mrs V Jesinda Vedanayagi, M.Sc (N),
HOD of Psychiatric Nursing,
Sacred Heart Nursing College
Madurai.

Mrs.S. Induja, M.Sc (N),
Associate Professor,
Department of Psychiatric Nursing
Sacred Heart Nursing College
Madurai.

Mr. Selvaraj. P,M.Sc (N)
HOD of Psychiatric Nursing,
Shanmuga College of Nursing
Salem.

Mrs V Jesinda Vedanayagi, M.Sc (N),
HOD of Psychiatric Nursing,
Sacred Heart Nursing College
Madurai.

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Associate Professor,
Department of Psychiatric Nursing
Sacred Heart Nursing College
Madurai.

Mr. Selvaraj. P,M. Sc (N)
HOD of Psychiatric Nursing,
Shanmuga College of Nursing
Salem.

Mr.Sam Ebenezer, MSc (N),
HOD of Psychiatric Nursing,
ShriNithi College of Nursing,
PottaPalayam, Sivagangai, District.

DR.Varadharajan M.Sc., M.Phil., M.Ed.,Ph.D(Edn),
Professor of Psychology,
RASS Academy College of nursing,
Sivagangai.

APPENDIX - V

PHOTOGRAPHICAL EVIDENCE OF DATA COLLECT